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AMERICAN JOURNAL OF INSANITY.

FOR JULY, 1850.

ARTICLE I.

OBSERVATIONS ON THE MEDICAL TREATMENT OF INSANITY. BY SAMUEL B. WOODWARD, M. D., late Superintendent of the Massachusetts State Lunatic Hospital.—*Read at a Meeting of the Association of Medical Superintendents of American Institutions for the Insane, May, 1846.*

The medical treatment of insanity includes, strictly, all the appliances available in any form of the disease.

Moral influence is nearly as important in the treatment of any physical disease as in insanity. The mind must be managed, hope inspired, and confidence secured, to insure success in the treatment of any important disease.

The ancients taught that insanity was a disease requiring the use of medical remedies, but while they prescribed hellebore, and other drugs to effect its cure, they recommended that the mind be diverted and the feelings soothed and assuaged. For this purpose they directed the insane to be taken to the temples of their gods, that they might participate in their religious rights, look upon the beauties of nature from these elevated situations, and in the temples of Æscula-

pius, consult the records of experience engraven on the tablets of their walls.

All cases of insanity do not require a medical prescription. Many will recover spontaneously after a time, and many more by simple regulations of diet and such gentle means as will aid the powers of nature in effecting salutary changes. This is also true of many other diseases affecting the vital organs. The judgment must be exercised in all cases to decide where to withhold and when to use remedies.

Insanity has been divided into Mania, Melancholia and Dementia, and each of these into acute and chronic forms. Without inquiring whether these divisions embrace all the forms of disease included under the general term, insanity, it is sufficient for the present purpose to give some account of these diseases with some of their complications, and the remedies that have been found useful in their treatment.

Acute mania is the most violent and apparently the most formidable and dangerous form of insanity. Its accession is generally sudden, often violent, and its symptoms unequivocal. It is usually attended with increased heat of the head, frequent pulse, warm and soft skin, with extremities inclined to coldness, furred tongue, constipated bowels, sleeplessness, disposition to loud talking, great volubility, dissociation of ideas, rapid changes of the feelings, impetuosity of manner, extravagance of expression, delusion, perversion of the moral powers, disorder of the senses, and inordinate muscular strength. When at rest the pulse is not often found to be hard or strong, neither is there much evidence of vascular excitement, but when the mania puts forth his power in physical efforts, his strength is amazing, his power of endurance incredible, and an excitement is produced in the system which is a fallacious guide to the treatment. Those who are not extensively acquainted with insanity frequently prescribe for this group of symptoms as they would in phrenitis, though the diseases vary essentially.

In phrenitis the head is extremely painful. The arteries of the head and neck throb violently. The eyes are inflamed, and light is

intolerable. The pulse is hard and strong when the patient is at rest. The skin is hot and dry, the appetite gone, the strength prostrated, and the mind is affected with muttering delirium instead of maniacal excitement. Inflammation of the most acute character attends this disease. Not so with acute mania. The symptoms are different. The head is rarely painful, the eyes are not inflamed, light is seldom distressing and sometimes there is great insensibility to it. The appetite is generally unimpaired, sometimes excessive, the pulse is full but not hard, the strength increased, not prostrated, and the reaction, if there is any, not general, not affecting the extremities and the skin as in acute inflammation.

The first requires free bleeding, active and saline cathartics, applications of ice to the head, exclusion of light, and a strict antiphlogistic regimen. The latter is more favorably treated by long continued warm baths, cold applications to the head with pediluvia and other stimulants to the feet, laxatives and narcotics, with all the soothing influences which can be adopted to calm the agitated state of the system and procure repose.

General bleeding has been almost universally prescribed in the treatment of acute mania before the patient is received into an hospital. The report of its effects in diminishing the violence of its symptoms is various. Occasionally it is said to give permanent relief, more generally it affords a temporary respite of the violent symptoms which soon after recur with increased severity. In a very large proportion of cases it is said to have done no good, in many, positive evil.

Copious bleeding is almost universally injurious. It diminishes the strength of the patient without lessening the excitement or removing the delusions of the disease, and brings on a train of symptoms often more difficult of cure than insanity itself. The old physicians used to speak of bleeding below a crisis in pneumonia, by which was understood that the remedy had been carried so far as to interfere with a regular crisis, and induce irritations, and awaken susceptibilities which prolonged and rendered complicated a disease originally simple. Such is in some degree the effect of too copious

bleeding in mania. Unless there are complications of disease indicating the use of the lancet, acute mania can be managed with more safety and success without it.

The effect of local bleeding is more favorable, and often decidedly beneficial. The great excitement of the brain tends to produce a congestion of the blood vessels which local bleeding will obviate with more certainty than general bleeding, leaving none of the evil effects. When the head is constantly hot, the temporal and carotid arteries throb when the patient is at rest, and the general strength will admit the loss of blood, leeches to the temples, and cupping to the back of the neck may afford present relief and prepare the system for more efficient remedies.

In a great majority of cases bleeding is unnecessary, giving little temporary relief and producing no permanent benefit. In some cases a considerable loss of blood changes the character of the disease from excitement to dementia, a change quite undesirable.

Next to bleeding, purging with active cathartics is a remedy in common use in the treatment of acute mania. Cathartics prescribed for the purpose of reducing excitement, are liable to the same objections as blood letting. It is rare that even temporary benefit arises from their use, and they frequently disturb the stomach, destroy the appetite, produce an irritable and irregular state of the bowels, difficult to manage, the tendency of which is evil, especially if the strength is considerably prostrated.

Laxatives are important remedies, and not as objectional as active cathartics. It is common for the bowels to be constipated in mania, but gentle remedies are usually sufficient to produce all necessary evacuations. Mercurial purges are useful not only to produce desirable laxative effects, but they cause changes in the secretions which are often necessary to the restoration of health. In warm climates, and in those sections of the country where bilious diseases are common, calomel or blue pill becomes a very important remedy. Mercurial purges are also useful when the healthy functions of the uterus are suddenly suspended or when these functions are performed in an irregular manner.

In the early stages of acute mania, when the tongue is coated, the secretions of the skin deficient or vitiated, the patient sleepless, and the bowels constipated, calomel combined with Dover's powder is a very valuable remedy. So also the blue pill in combination with some of the narcotics, especially with Conium and other deobstruents, in certain conditions of the digestive organs, is a useful auxiliary in the cure of insanity. Costiveness should not be suffered to continue long, and yet too much anxiety need not be had if the bowels do not move daily. Diarrhœa is more to be dreaded than costiveness: it is rarely useful and is more difficult to regulate and control. A regular, daily movement of the bowels is desirable. There is a condition of the bowels occasionally occurring in mania but more frequently in dementia, in which the patient has liquid or thin discharges when at the same time there is considerable accumulation of fœcal matter in the rectum. Such a condition of the bowels is relieved at once by cathartics. The case is sometimes deceptive but experience soon designates the cases of this description from ordinary diarrhœa, and the remedy is always easy and effectual.

Emetics, as a remedy for insanity, have been variously estimated. Some practitioners have great confidence in them, others esteem them of little value. The late Mr. Haslam said that he had given them by thousands, but could not say they were beneficial. They are useful only as in other cases of disease. In cases of high excitement nauseating doses of emetics sometimes produce quiet and composure of the mind, and are useful auxiliaries in the treatment by narcotics. In those sections of the country where bilious diseases prevail they may be more frequently indicated. No great reliance, however, can be placed upon them. They rarely produce any permanent benefit and are sometimes injurious in their effects by causing too much determination of blood to the head while operating, and by deranging the stomach and bowels afterwards. Some remedies of this class alone or combined with opium and other narcotics, produce a favorable influence on the skin, and allay general irritation and excitement. Of these the preparations of antimony are most effectual but less safe than Ipecacuanha, Actœa, Racemosa and Sangui-

naïa, the last two of which are both emetic and narcotic remedies.

As a means of exciting nausea, in violent cases of mania, the circular swing was recommended by the highest medical authority. Dr. Darwin speaks well of it and Dr. Cox relied upon it almost exclusively to remove maniacal excitement. It is a very effectual means of producing sickness, vertigo and vomiting, and usually prostrates the system remarkably. It is not always a safe remedy. It is extremely unpleasant to the patient, and always regarded as a punishment rather than a means of cure. It has been very properly discarded in modern practice.

The warm bath is a safe and useful remedy in this form of disease. In many cases it is more efficacious if cold be applied to the head at the same time or in the interval of its use. The temperature of the bath should be from 90 to 100 degrees, and the patient may be continued in it an hour or more at a time. This bath may be repeated at least every night till the violence of the excitement is removed. A combination of other remedies makes the bath more effectual than when prescribed alone. The cold shower bath has been recommended as a remedy. It may do good if agreeable to the feelings of the patient, but, like the circular swing, it is too frequently considered as a punishment, the patient dreads its application and is frightened when it is applied. In such cases it is injurious rather than beneficial. The simple application of cold water to the head is not usually unpleasant, and is a mode of procuring tranquility in cases of great excitement. When the head is hot there is an instinctive desire to apply cold water to the head and many patients will seek it themselves whenever an opportunity presents. If the efficacy of cold applications to the head in removing paroxysms of excitement was generally understood, the resort to copious bleeding would be less frequent, and greater numbers of patients would recover from insanity, more speedily, and with less evil influences to be overcome by remedies, or to be endured in after life.

In this disease there is often a vitiated state of the skin, the secretions are unhealthy, of peculiar smell, and offensive. This state of the skin is more generally and effectually relieved by baths than

any other remedies. Eruptions, existing or repelled, are often the supposed cause of insanity. Simple or medicated baths are useful in such cases. The general cold bath is an important remedy but not usually applicable to acute mania. Baths are every where useful in insanity, but in warm climates where the functions of the skin are of more importance to health than elsewhere, they are not only preventives of disease but efficient remedies in its cure.

Certain sedative medicines, principally narcotics, have been extensively used in this disease. Of these perhaps the *Digitalis* has had the longest and highest reputation. The effect of this remedy in controlling the action of the heart, and diminishing the frequency of the pulse, doubtless first led to its use in insanity, and in some cases it is decidedly tranquilizing.

Narcotics have little power in controlling maniacal excitement unless prescribed in large doses. This is true of *Digitalis*. The unpleasant and sometimes dangerous effects of this powerful medicine, when prescribed freely, should prove a caution as to its use, and has probably led to its very general disuse at this time in the simple form of this disease. This is not to be regretted, as there are many remedies of this class more efficacious in the removal of insanity, and far more safe and agreeable. *Digitalis* should not be wholly discarded in the treatment of mania. There may be cases and combinations of disease in which it may be useful. When prescribed its effects should be narrowly watched, and the medicine withdrawn when its specific action takes place, without apparent mitigation of the symptoms of the case.

Next on the list of narcotics, which has been relied upon in the treatment of acute mania is the *Datura Stramonium*. Twenty-five years ago this remedy was in general use in the treatment of insanity. It is no common encomium of its virtues that it was highly esteemed and frequently prescribed by the celebrated Dr. Todd, late Superintendent of the Retreat at Hartford, Connecticut, whose knowledge of insanity and its remedies, and whose thorough acquaintance with narcotics generally entitle his opinions to great weight.

The objections to the use of the *Stramonium* and *Digitalis* are

similar. In large doses they destroy the appetite, produce dryness of the tongue, disturb the vision, and, in some cases, prostrate the strength to an alarming degree, without controlling the maniacal excitement. The Stramonium, in particular, produces illusions of sight which frequently coincide with the delusions of disease and increase the excitement. There are cases in which the effect of Stramonium is more favorable, controlling the symptoms and inducing sleep, when given in such doses as do not develop its hazardous influences.

The Hyoscyamus has a reputation equal to its merits in the treatment of insanity. It is extensively used both in this country and Europe, and its effects are spoken of as certain and efficacious. This is a remedy, of far less power than the Digitalis or Stramonium, but more agreeable in its effects, and is not attended by the danger which the others produce in full doses. In mild cases of nervous excitement the Hyoscyamus alone, or in combination with other narcotics of equally mild character, produces sleep, controls troublesome excitement, and makes the patient feel better. It is not a powerful medicine, and is far less efficacious than some others of the same class that are equally safe.

Camphor has had a good reputation in allaying maniacal excitement. It is a medicine of some power, and, in large doses, produces decided narcotic effects. The reputation which it once had is lost, and with Hyoscyamus is used only to promote sleep and tranquilize the nervous system in a mild form of disease.

Lupuline is less of a narcotic than either of the above, but with an influence quite favorable on the nervous system, it possesses a tonic power that is beneficial in some forms of insanity.

The combination of Hyoscyamus, Camphor and Lupuline forms a valuable medicine to induce sleep, and is a remedy of no small power in controlling irregular nervous excitement.

Ether, Valerian, and the fetid gums have a reputation quite above their merits in the treatment of insanity. They are of little use and cannot be relied upon to effect any changes in a disease so formidable.

The *Cannabis Indica*, the Indian hemp of the East Indies, has recently been introduced into the English hospitals as a remedy for insanity. Dr. Conolly in his lectures on insanity recently published in the *London Lancet*, bears testimony to the favorable influence of this remedy in controlling the symptoms of mania. This medicine has also been used in France with apparent success. In this country some trial has been made of it and the reports of its utility are anything but satisfactory. Some attribute to it considerable power, others esteem it of little efficacy. Doctors Nellegan and Mease consider it the same as the *Apocynum Cannabinum* of the United States Pharmacopœia. This is doubtful. If it is the same the difference in climate may make a difference in medicinal power. However this may be it is probable that it will prove a remedy of secondary importance. Favorable trials of the foreign article and the extensive use of the native Indian hemp, have not at all sustained the high encomiums bestowed upon it by foreign writers. At one time it gained a reputation in dropsy as a stimulant diuretic. It is probably a stimulant narcotic as it has long been used in India and Persia to produce intoxication. It has but recently been introduced into the materia medica in India by the late Dr. O'Shaughnessey of Calcutta. The native article has long been used in this country as a popular remedy.

Of all the narcotic or sedative remedies useful in this form of mania the salts of Morphia, and other preparations of opium, are the most effectual and salutary. It is of little consequence what form of this remedy is selected for use. The sulphate and acetate of morphia are more generally approved, and perhaps the least exceptionable. Liquid preparations of opium are always preferable to solid, especially if the doses to be used are large, as the effect is less liable to accumulate, the influence is sooner felt, and the remedy more easily managed. The tincture of opium is, in many cases, the best preparation, and is equally safe when cautiously and judiciously prescribed. The Dover's powder is one of the best forms to commence this remedy, especially if there is any unnatural heat or dryness of the skin, or determination of blood to the head. The cases in which

the preparations of opium are clearly indicated are those in which the excitement is most purely nervous, the surface moist and of no unusual heat, the pulse soft and full, the tongue moist, and the head not unusually hot. If, on the contrary, the head is hot, the eyes red, the skin hot and dry, the tongue red and dry, and especially if there is tenderness in the epigastric region, some preparation is necessary before the opium should be freely given. When administered it should be combined with Calomel, Antimony, Ipecacuanha or the *Actæa Racemosa*. Calomel or the blue pill may be first given in such cases, blisters or the tincture of Iodine applied over the epigastrium and the warm bath used some time before opium is commenced. The warm bath and cold applications to the head may also accompany the use of opium in many cases.

When the case is well selected and the system well prepared for the use of opium, or when the case first presents itself indicating its use, it is potent in relieving the excitement and in removing the symptoms of disease. It should be given in liberal doses once in six or eight hours, or if it disturbs the stomach, in smaller doses repeated more frequently. When one preparation disagrees, another may sometimes be substituted with benefit. To gain all the good effects of this remedy it is essential that the system be kept under its influence, and that the doses be repeated sufficiently often that the effect of one shall not be lost till another is administered. It is contrary to all true experience in mania to expect to gain much by the use of opium in single doses at night to promote sleep. Whatever good may occasionally arise in this or any other form of disease from this practice, it is far better that the system be kept under its influence till the excitement is subdued and the disease removed.

In acute mania the patient requires but little sleep. The condition of the brain is such that the replenishing of sleep is not needed as in health, and after sleep the excitement is often increased rather than allayed.

Costiveness if present, or if it supervene in the progress of the treatment, should be obviated by the gentlest remedies. The bowels are not usually very torpid in this disease, and costiveness is attended

with less evil than would be expected. A regular state of the bowels is most desirable.

In all cases of acute mania that do not recover spontaneously, or yield at first to other remedies, the preparations of opium should be prescribed unless symptoms exist which forbid their use. It is exceedingly rare that some favorable influence will not be produced, the violence of the symptoms be lessened and the period shortened by their use. Many cases of mania recover without narcotics or other active treatment, but when they are indicated more confidence can be placed in opiates than in any other remedies, and their effects, in removing disease, are often sudden. If when first administered, opiates do not produce the desired effect, or any unfavorable circumstance attends their use, they may be suspended for a time, till further preparation is made for them, or till the indications for them are more clear, and they may then be resumed with advantage. It is impossible always to foresee the objections to this remedy, but if the symptoms be carefully watched the medicine can be varied or so combined with others as to obviate objections that may occasionally arise to its use. Less doses will be needed to control excitement in many cases when diaphoretic or nauseating remedies are combined with it.

Dr. Conolly remarks that "whatever sedative is given in mania, the dose should be large; less than a grain of acetate of morphia is productive of no good whatever, and laudanum requires to be given in doses of a drachm, or at least forty or fifty drops."

It is better, however, to give smaller doses at the first and repeat them every four or six hours, than to give such large doses at a longer interval. The symptoms of disease yield more readily and the system suffers less when the remedy is managed in this way. Many cases of acute mania require even larger doses than these mentioned by Dr. Conolly, and it is necessary to repeat them frequently before the disease will subside and a healthy condition take place.

Aged people, the intemperate, persons affected with dyspepsia, liver complaints, and general palsy, do not bear opium in large doses as well as the more healthy. The doses should not be less, but, in

such cases, the medicine usually does best in combination with other remedies.

When opium has been used with benefit in full doses, and the patient becomes more quiet and rational, the medicine may be slowly withdrawn. At first it is better that the dose be diminished than that the number of doses be lessened. If no excitement occur there may be a gradual withdrawal of the medicine till it is wholly removed. When this medicine is taken off too rapidly, neuralgia of the lower limbs, with restlessness and general pain over the whole body, or toothache will sometimes occur, coryza and other symptoms of a severe cold frequently follow, and a diarrhœa prevents the entire withdrawal of opium at once. It is desirable that the patient continue under care till the health of body and mind is fully established, and all remedies are abandoned.

Cases of mania following cases of acute disease which have exhausted the energies of the system, in delicate and highly susceptible nervous constitutions, and in those where excitement has been so severe as to waste the powers of the system rapidly, require that the strength be sustained by cordials, tonics, and generous diet. Preparations of bark, vegetable bitters, aromatics, wine and porter are the remedies to be relied upon when the physical powers flag, and the danger is from exhaustion and debility. The combination of porter and lime water is one of the best cordials in dyspeptic cases with acidity and loss of appetite. The diet in this condition of the system should be generous.

Convalescents from mania require substantial food in liberal quantities. The tendency of this great excitement is to exhaust the powers rapidly, and frequent and full replenishing is necessary. Moderate exercise in the open air is one of the best restoratives, tending to produce quiet sleep, good appetite, and physical and mental vigor. Insane persons usually sleep better after full suppers. Much of the noise and violence that was formerly found in institutions for the insane, arose from insufficient food, harsh treatment, and severe and painful restraints.

RECAPITULATION.

The Medical Treatment of mania may generally be commenced by a long continued warm bath, especially on going to bed, cold applications to the head, if agreeable to the patient, and the bowels must be moved by a mercurial purge or other laxative. If it is then decided that opiates are appropriate remedies, the Dover's powder with small doses of calomel may be first used, and the solution of the sulphate of morphia, acetate of morphia, or the tincture of opium may be given, either alone or with small doses of Antimony, Ipecac, or *Actæa Racemosa* to determine to the surface. The operation of these remedies should be narrowly watched, and the dose increased or varied according to the effect. If the patient becomes more quiet the doses may be gradually lessened, but the medicine should not be suddenly withdrawn lest the excitement return. If the excitement continues, the remedy may be increased gradually or rapidly till it controls the symptoms, produces quiet, and the mind becomes rational. The warm bath may be renewed if the effect is favorable, and cold may be applied to the head if there is much heat, or if it is grateful to the patient. If the excitement is moderate, the case may be left for a time without medicine, or the milder narcotics may be tried. If, however, narcotics are indicated, no substitute can be found for these different preparations of opium. The strength must be supported by good nourishment, diffusible stimulants, and tonics if needed, and all the appliances moral and physical that can be useful should be added to medical treatment to insure a favorable restoration to health.

CHRONIC MANIA.

The treatment of chronic mania differs considerably from that of the acute forms of the disease. Depletion, as such, either local or general, will rarely be indicated. The period of vascular excitement, if it has ever existed, is past. When the patient is quiet, the head is not hot, neither is the pulse excited nor accelerated. If there is any increased heat about the head the extremities will be cold, and the action of the capillary vessels deficient. The functions of

digestion are often well performed, the appetite is good, sometimes excessive. In many cases there is no apparent derangement of the physical system which indicates medical treatment except the insanity itself.

If the health is not good the first object should be to improve it. The condition of all the important organs of the body should be attentively examined before the case is abandoned as hopeless. The appetite, apparently good, may be morbid, the functions of the liver may be disturbed, the bowels may be constipated, the evacuations may be unhealthy or a tendency to diarrhœa may exist. The functions of the skin are often badly performed, the secretion is deficient or unhealthy, and a peculiar fetor attends it. The functions of the uterus are frequently disturbed, and an unnatural irritation in that organ affects the general health and gives character to the symptoms of mental alienation.

The warm and cold bath, laxatives, alteratives, deobstruents, tonics, narcotics, a generous diet and active exercise are often indicated in different forms and stages of chronic mania. If the liver is diseased or inactive, the bile vitiated or deficient, and the bowels torpid, mercurials will be indicated for a time, and tonics and narcotics accompany or follow their use. The Conium with Iron is a useful combination to effect salutary changes in the secretions of the liver, to quiet the irritability and restlessness of the patient, and promote sleep. The doses must be large to produce any perceptible effect. In some cases other preparations of iron combined with narcotics and diffusible stimulants, answer the purpose equally well. Malt liquors, porter, ale, and strong beer are much used in some foreign institutions, and may be prescribed with advantage in many cases. Porter and lime water in equal quantities, form one of the best remedies to invigorate the system, to correct the stomach when dyspeptic, and promote sleep.

In chronic mania there is rarely continued excitement, some periodicity is apparent, and in the intervals neuralgia is frequently troublesome, affecting the face, teeth, and limbs, causing much suffering, and greatly increasing the irritability of the patient. When

the excitement comes on, all these symptoms vanish, and a violent mania, equal in severity to a recent attack, continues for some days. In proportion to the length and severity of this excitement will be the corresponding depression and melancholy, and the case will continue in this way for many years. In this form of insanity the mind is less liable to become demented than when either melancholy or mania continues with little or no interruption, and the ease is more hopeful of cure than most others found, of chronic mania. Whatever tends to lessen the excitement in one condition, or prevent or remove the melancholy in the other, will diminish the severity of the disease, and aid in accomplishing the cure. Many such cases are but little affected by medicine; some, however, yield favorably to its influence, and finally recover. The diet and regimen that will produce the most perfect bodily health, with tonics, stimulants, and narcotics, have a favorable tendency in this form of mania. In no case is the perseverance in the use of means attended by more encouraging results. In some cases full doses of opium are very effectual in diminishing the violence of the excitement and preventing the severity of the following depression. A continuance of this remedy for a long period has finally resulted in the removal of disease, and a complete restoration of health. Such favorable results cannot be anticipated in a majority of the cases.

The long continued use of Conium and Iron in large doses, occasionally effects favorable changes, and is worth a fair trial, especially if neuralgia intervenes between the paroxysms of excitement. This remedy is not at all calculated for acute mania, certainly not till the active symptoms have subsided, but in chronic mania its use is often indicated. These indications are torpor of the liver, neuralgia, unhealthy secretions of the intestinal and dermoid surfaces, amenorrhœa, dysmenorrhœa, glandular enlargements, general strumous habit, dyspepsia with gastrodynia and an irritable excited state of the nervous system often observable in insanity, producing irascibility, restlessness, indescribable peevishness, discontentment, and variableness of feeling. Sometimes this remedy will relieve the symptoms before its narcotic effect is distinctly perceived, sometimes

slight narcosis takes place before relief is procured, but in general its full effect is not felt in relieving the disease for which it is prescribed till narcosis, more or less obvious, is produced. These effects are slight vertigo, pain over the eyes, gastric sinking and faintness, and coldness of the extremities. It is safe to give the medicine in gradually increasing doses till these results are produced, and it may be continued with entire safety for months, the doses being occasionally increased to show that the nervous system is under its influence.

Nitrate of Silver in combination with narcotics, is often a valuable remedy in mania where there is an epileptic tendency, or where the actions of the heart are involved in disease. Sulphate of Zinc, Quinine, the arsenical solution, Nux Vomica, Guaiacum, aromatics, and all the list of diffusible stimulants are useful to fulfill certain indications and promote the general health.

If the mind has not become demented, no ease of chronic mania should be abandoned till all the appliances, medical and moral, that the case may indicate, have had a fair trial, and even a failure under some circumstances should not discourage further attempts to make impressions upon a disease, the symptoms of which sometimes recur only in obedience to established habits, and not from any organic lesion of the brain.

ACUTE OR RECENT MELANCHOLY.

The attack of melancholy is generally less sudden than that of mania; the symptoms come on gradually and progress slowly; the health is more generally and obviously impaired.

In melancholy, one subject, and frequently a single idea, occupies the mind. It may be property, reputation, the present or future well being of the person affected, that engrosses the thoughts and overwhelms the mind with agitation and alarm. With the melancholic there is no present enjoyment, no hope, no confidence, every thing wears a gloomy aspect, every contemplation is sad, and nature, with all its loveliness, is sombre, darkened and cheerless.

In cases of this description the health usually suffers some time before the mind exhibits impairment. The digestive organs are often

involved in disease, the biliary secretions are deficient or unhealthy, the bowels are torpid, the evacuations dark, glutinous, and offensive, the appetite is often deficient or morbid, the tongue is furred, though sometimes clean, smooth and often red, the skin is unusually dry, frequently cold, and the capillary action sluggish.

In the treatment of melancholy the first object is to remove the obvious symptoms of disease, and improve the general health. The bowels should be moved by calomel or blue pill, which may be occasionally repeated, care being taken that salivation be avoided, as this effect of mercury is not desirable. After the first impression is made upon the secretions by mercurial remedies, other laxatives may be substituted which will keep the bowels regularly open, and least disturb the stomach or reduce the strength. Drastic purges are rarely if ever indicated, but sometimes active remedies are required to produce moderate effects when the bowels are quite torpid.

It was in this form of insanity that the ancients prescribed hellebore successfully, and considered it little less than a specific. This medicine is nauseating and drastic, and finds little favor in modern practice.

The infusion of Senna, pills of Aloes, and Colocynth, extract of Butternut, and especially the Guaiacum in tincture or powder, answer well to obviate costiveness. The Guaiacum possesses other medical qualities besides its power as a laxative. It is a favorable stimulant, improving the appetite, invigorating the muscular fibre of the bowels, promoting the action of the capillary vessels of the skin, and, in amenorrhœa, acting favorably upon the uterus. It may be given in doses much larger than are usually prescribed if necessary to obtain its laxative effects. After it has been used some time costiveness does not frequently follow when it is omitted; it leaves a permanent good effect in habits of costiveness.

Next in value to those remedies that make favorable impressions upon the digestive organs, are those that act upon the skin. Baths, friction, and counter irritation are often useful. When the skin is dry, and the capillary action sluggish, warm and tepid baths followed by friction, are valuable remedies. The invigorating effects of the

cold bath and shower bath, followed by friction, are often useful in this form of insanity. This will hardly fail to be true if reaction speedily follows their use. If, however, chilliness, coldness and paleness of the surface follow, and little or no reaction takes place after them, the warm or tepid bath will be found to do better. In many cases, pediluvium answers a better purpose than general bathing, especially if the extremities are inclined to be cold, and the blood is too much determined to the head. Medicated foot-baths are often valuable remedies. For this purpose, mustard, common salt, or the nitro-muriatic acid may be used with benefit.

In many cases of insanity blisters are of doubtful utility, they often produce, rather than allay, irritation, and promote, rather than control excitement, but in some cases of melancholy, especially if there is disease of the digestive organs, and tenderness of the epigastric region, blisters applied over the part are valuable remedies. The tincture of Iodine applied externally, instead of blisters, often answers a valuable purpose and produces less irritation. The antimonial ointment has also the same good effect, but is often more painful than blisters, and sometimes disturbs the stomach with nausea and vomiting.

Tonics and stimulants are valuable remedies in melancholy. Quinine, Iron bitters, aromatics, malt liquors, and other diffusible stimulants, answer a good purpose, in many cases, either alone or in combination with laxatives. The milder narcotics are often useful in allaying irritation and promoting sleep. Conium, Hyoscyamus, Camphor, and Lupuline, may be prescribed for this purpose with advantage, but in many cases the preparations of opium are better than all other medicines for this object. Opium does not usually require to be given in such full doses in melancholy as in mania, and night doses do better in the former than in the latter disease.

The combination of Conium and Iron is better adapted to melancholy than mania; its deobstruent effects are often as necessary as its tonic influence, and the combination is a more efficient remedy than either of the articles alone. In neuralgia, attending melancholy, its effects are often very beneficial, also in cases attended by glandular enlargement, indicating scrofula.

The combination of the extract of Hyoscyamus, Camphor and Lupuline often promotes sleep when other remedies fail, but where decided narcotic influence is required the preparations of opium are decidedly the best, and are more to be relied upon than all others. In certain cases of melancholy the patient is made tranquil and comparatively happy by the use of this remedy, the sleep becomes more quiet, and under its influence the person is able to pursue labor and amusement, when without it his suffering and despondency would wholly prevent him from engaging in any employment. Opiates are particularly indicated in suicidal cases by relieving the extreme suffering which impels to that fatal and deplorable act.

Setons, issues and cupping may be beneficial in certain cases of melancholy, especially where there have been eruptions, permanent or repelled, and where habitual ulcers have ceased to discharge. In ordinary cases they avail little in improving the condition of the patient, but, by the irritation which they excite, sometimes do injury.

Riding and other exercise, amusements, labor, whatever diverts the mind or improves the health of the patient, is of importance in the treatment of melancholy. Confidence in the medical adviser, and encouragement constantly held forth to the sufferer, greatly aid the effect of remedies. Perseverance with medicine often achieves good when a short trial is attended with little or no benefit.

CHRONIC, OR LONG CONTINUED MELANCHOLY.

In all cases of insanity which have passed into a chronic stage, where the health is not good and medical treatment has been neglected, a trial of remedies should be made. If the disease is not cured, the condition of the patient may be improved, the health made better, the sufferings diminished, and the enjoyments increased. The symptoms should be examined with care and every circumstance of health be attended to. Costiveness, habitual and obstinate, often attends chronic melancholy, morbid appetite is also common, and the functions of the liver are performed imperfectly, or in an unhealthy manner. The state of the skin is frequently bad, and cleanliness has generally been neglected. To remedy this baths are

indispensable. Exercise, a very important means of cure, is usually but little attended to, and the extremities become cold, peculiarly soft and livid. With these evidences of physical derangement the mind dwells intently on one subject, broods over it to the neglect of every other till its sphere of action becomes extremely limited. Under these circumstances the energies of physical power, no less than those of the mind, become greatly prostrated, general debility and listlessness follow, exertion is painful and difficult, and no ordinary effort of the individual can relieve this condition of apathy and prostration.

All the appliances of art should be held in requisition to arouse the dormant physical and mental energies. Tonics, alteratives, baths, frictions, purgatives, external and internal stimulants, generous diet, exercise, and narcotics may, in different cases, or in succession in the same case, be found useful. Occasionally one individual may be cured, many may be made essentially better, while with some all remedies will fail, and the patient, by imperceptible changes, will grow worse, and finally become permanently demented.

CHRONIC AND ACUTE DEMENTIA.

Dementia is a term usually applied to a state of disease in which the mind is so weakened as to afford little or no hope of improvement. It commonly follows long continued mania and melancholy, and in most cases, is probably the result of organic disease of the brain. This disease is of course, rarely cured, and can hardly be said to be a subject for medical treatment, except so far as the general health is impaired. In many such cases the health is bad, and the habits of life are perverted. Both medical and moral treatment may here be beneficial. There is often derangement of the digestive organs, vitiated appetite, constipation of the bowels, and a bad condition of the skin, which may be remedied. Baths, laxatives, tonics, and perseverance in the efforts to correct impaired and irregular habits, will greatly improve the condition of the patient. In such cases the brain is not always irreparably injured; great debility and extreme inaction produce the phenomena instead of organic lesion.

ACUTE DEMENTIA.

There is a form of dementia of recent accession in which the symptoms assume the character of this disease quite early after the attack, which is hopeful, and in which medical treatment is very successful. The appearance of the patient does not differ essentially from the protracted and chronic form. The physiognomy of the case may not be quite so bad, but the indications of loss of mind are nearly as distinct. The length of time which the symptoms have existed being less, the encouragement for the trial of remedies is greater, and the success of them is often exceedingly favorable. The treatment is various, according to the symptoms of the case. Alterative and laxative remedies, baths, tonics, aromatics, stimulants, blisters and irritants are indicated in different forms and stages of the disease. Exercise, active and passive, friction and every means of arousing the mind from its torpor and invigorating the system, will be found useful auxiliaries in the treatment of this form of insanity.

PERIODICAL INSANITY.

No form of insanity is more troublesome to manage, or difficult to cure, than this, especially if it assumes at periods the two extremes of violent mania, and deep melancholy.

Such cases have, at each occasion, all the symptoms of recent mania, and at their period of depression the discouragement, wretchedness, and suicidal tendency of the most marked recent melancholy. These transitions take place at different periods, sometimes annually, semi-annually, and at shorter intervals. The violence of one form of the disease may generally be predicted by the severity of the other. The condition of the mind in the transition state differs considerably, and this is longer or shorter in different cases. In some cases the mind seems to be nearly rational for a long period; in others, the delusions remain though the excitement subsides, and the extremes of the case are at long intervals. Sometimes the transition is very sudden, and the patient is most of the time greatly excited or much depressed. Some cases recover after years of suffering, in others the paroxysms diminish in frequency and intensity, and the patient is greatly improved if not entirely cured.

The treatment of this form of insanity may be conducted upon the principles before mentioned as applicable to the acute forms of mania and melancholy, with the use of such remedies in the interval as will tend to break up the periodicity of the disease. If, by the use of remedies, the excitement can be lessened, the corresponding depression will probably be less ; so if extreme melancholy can be prevented the succeeding excitement will be less severe.

In such cases it is of the greatest importance that all the causes which have a tendency to bring on a renewed attack of disease be cautiously avoided. The health should be preserved as perfect as possible, all excitement should be shunned, especially that intensity of application of mind or body that tends to disturb the nervous system and bring it within the range of disease. By these means confirmed habits of periodicity may, doubtless, be avoided, in many cases, and the recovery may be perfect. If the business or occupation of a person afflicted with insanity is suspected to act as a cause of disease, it should be abandoned, and such others chosen as will have no such tendency, but rather a counteracting influence. The sedentary should become active, the irregular should become systematic, and those who are fond of excitements should avoid them. In this manner many may escape a return of disease and periodicity be avoided. There are many discouragements in these cases but hope may be entertained while the mind retains its vigor and the physical energies continue. The best efforts will, however, sometimes prove abortive, and though remedies may be used, the disease will remain unchanged, and a long life be spent in the extremes of this form of insanity.

When the maniacal excitement subsides in periodical insanity, neuralgia of the limbs, joints, teeth or face, often follows, and severe bodily suffering attends the gloom and wretchedness of the mental depression. In this form of disease the health is not usually good ; this is more manifest in the period of depression. The remedies usually prescribed in neuralgia succeed in relieving the suffering of the patient, and improve the health. Of these the preparations of opium, bark, *Nux Vomica*, *Conium* and Iron, the arsenical solution, and *Veratrine*, are the most effectual.

PUERPERAL INSANITY.

Insanity occurring in the puerperal state is a dangerous complication, and requires some modification of the treatment usually pursued. The symptoms are generally severe, the mania furious, and the indications of physical disease considerable. The hot skin, frequent pulse, wild delirium, and coated tongue resemble inflammation so strongly that there is danger of mistaking the case, and adopting a course of treatment which these deceptive symptoms seem to indicate. General bleeding is rarely useful, but leeching may often afford present relief and prepare the system for other remedies. Cold applications to the head give much relief, and local warm bathing to the feet, at the same time, or a general warm bath may be frequently beneficial. Calomel alone or in combination with Dover's powder may then be given till it moves the bowels freely, and be repeated in small doses till the secretions are favorably affected, the skin becomes soft, and the tongue moist. If the insanity continues, the preparations of morphia may then be given in such doses as the patient will bear, cautiously watching its effects. If they are favorable, the symptoms usually subside rapidly, the case terminates favorably, and the recovery is soon complete. Tonics and stimulants often aid in the speedy restoration of health.

INSANITY COMPLICATED WITH PALSY.

The complication of insanity with palsy is usually unfavorable, and is rarely entirely removed. With partial palsy the mind is subject to certain impairment which is relieved and occasionally is nearly restored. But even in the most favorable cases, a peculiar imbecility follows, attended by a propensity to shed tears from the slightest cause, especially if there is any allusion made to the condition of the individual.

General palsy complicated with insanity is always fatal. Remedies may be prescribed with some advantage to relieve particular symptoms and improve the general health, but the benefit is temporary: fatal symptoms, in the form of epilepsy or apoplexy, occur when least expected, and, if not at the first attack, it will, at some subsequent period, assuredly result fatally.

When apoplexy or repeated epileptic paroxysms occur under such circumstances, and the patient lies insensible for hours or days, a full dose of calomel, repeated every six or eight hours, will, when it operates, relieve the symptoms and restore the patient to his former condition. Stimulant injections are often beneficial in such cases, sinapisms and blisters may also do good.

In the treatment of apoplexy following general palsy, bleeding is injurious, and in the condition of general palsy opiates have almost always an unfavorable effect. Acriid stimulants are often beneficial, such as tincture of Lytta, Ammonia, Veratrine, Nux Vomica, and wine and malt liquors, with generous diet.

The brain of intemperate persons is in much the same condition as that of those affected with general palsy, and when they become insane, bleeding is always injurious, and opiates are frequently unfavorable in their effects. In some cases of delirium tremens opiates do well.

The relaxation of the sphincter of the bladder attending general palsy, which makes the condition of the patient uncomfortable, is often entirely relieved by the use of the Nux Vomica. This remedy is also useful in many cases of palsy to relieve the attendant neuralgic pain and restore the muscular system.

INSANITY COMPLICATED WITH EPILEPSY.

This form of insanity is most difficult to manage and hardly admits the hope of cure. In many cases the patient is so impulsive, and the fits of violence so sudden and dangerous, that he can not be trusted to associate with others unless constantly under the eye of an attendant, or in some kind of restraint. Forlorn as is this form of insanity, it can be favorably influenced in a majority of cases by medical treatment, not to the extent of effecting a cure, but to lessen the violence of the case, and diminish the number and severity of the paroxysms. In some cases, the insanity seems to be much relieved or cured when the epilepsy continues.

The use of the nitrate of silver, in this complication of insanity, often produces obvious effects. The doses should be liberal, and the

medicine continued for some time. The extract of Stramonium, in such doses as slightly to impair the vision, is also a valuable remedy. The combination of these two articles is usually more effectual in epilepsy than either, alone. In a large proportion of cases a liberal use of them will be attended by obvious and favorable results, though they rarely cure the disease when complicated with insanity.

The next most favorable remedy in the treatment of epilepsy alone or complicated with insanity, is the arsenical solution of Fowler. This must also be given so as to produce its specific effects or little benefit is derived from its use. It is more effectual in controlling the paroxysms when combined with morphia in moderate quantities, and its unpleasant effects are thus obviated. It is a valuable remedy and may be continued for a long time as its effects are never accumulative.

In cases of epilepsy with constipation of the bowels, the Croton Oil alone, or in combination with other remedies has proved useful. Costiveness should be avoided in epilepsy, especially when it is combined with insanity. It should be cautiously obviated in all cases of insanity, but undesirable as it is in this class of diseases, a diarrhœa is much more to be dreaded. The Croton Oil can be managed so as to act as a drastic purge or a mild and safe laxative. In this respect it differs from most active cathartics.

Nux Vomica is often prescribed with benefit in epilepsy. In some cases it is useful in combination with nitrate of silver and stramonium.

INSANITY COMPLICATED WITH DYSPEPSIA.

Dyspepsia is frequently found to be the cause of insanity, and is often complicated with it when not strictly the cause. Obstinate costiveness attends in many cases, and such a total loss of appetite and loathing of food that the patient will often suffer from starvation if not urged and persuaded to take nourishment. Patients frequently vomit their food and have great derangement of the secretions of the stomach, flatulency acidity, and morbid bile. Diarrhœa with red and dry tongue is worse than costiveness, and is an unfavorable

complication of disease. Costiveness is easily obviated and produces less ill effect than would be supposed, but diarrhœa is often difficult to control, and when it has been suppressed it will recur again from the slightest cause.

Tonics, laxatives, baths, gentle exercise, friction, and a proper regulation of diet, constitute the treatment of insanity with this combination of symptoms. Astringents, aromatics, and moderate opiates are indicated when diarrhœa is present. If acidity is troublesome, attended with loss of appetite, one of the best remedies is a combination of lime water with porter or strong beer. If with costiveness there is distress from food, the aromatic tincture of guaiacum is little less than a specific, when given in doses sufficiently large to prove laxative. In recent cases of dysentery and diarrhœa, emetics of Ipecac and sulphate of zinc often prove useful, followed by opiates, nitrate of silver, Capsicum and other aromatics. In chronic cases, in addition to these remedies, the tincture of Zanthorrhiza is found very useful given in brandy and water or milk. Severe dyspepsia complicated with insanity often results in fatal marasmus, of which diarrhœa is usually one of the most troublesome symptoms. This disease is probably the most frequent fatal termination of insanity.

PULMONARY CONSUMPTION.

This is second on the list of fatal diseases with the insane, showing that the character of disease of the brain is often scrofulous in its origin. In some cases disease of the lungs and of the brain alternate. When the excitement is great, the cough and expectoration abate or cease; when the excitement subsides the cough returns and the expectoration is abundant. The occurrence of insanity occasionally suspends the symptoms of pulmonary disease, but they recur and prove fatal when the insanity is cured.

A rapid consumption is frequently the fatal event of insanity. The form of dyspeptic Phthisis is also frequent with the insane. This disease requires no peculiarity of treatment.

Erysipelas is a troublesome disease with the insane, and often as-

sumes a dangerous and fatal form. Erysipelas of the extremities is much more to be dreaded than that of the face. When it is suppurative it is rapid and requires very prompt treatment.

The application of strong tincture of Iodine to the inflamed surface and beyond the margin, on the very commencement of the disease, is an exceedingly successful remedy. Should the disease pass the line made by the application of the Iodine, it may be extended farther, till it shall arrest the progress of the inflammation and convert a disease which might have been dangerous and fatal, into a comparatively mild and harmless affection. A circle made beyond the boundary of disease, by the nitrate of silver or of the Lytta, often answers the same valuable purpose. Another useful practice is, to puncture the inflamed limb repeatedly with numerous incisions, thus allowing the infiltrated pus to escape, and removing the distention which greatly aggravates the suffering of the patient. The constitutional remedies in this form of disease are, first, alteratives and laxatives, followed by tonics, stimulants, narcotics, and good liquid nourishment.

Disease of the heart, of the uterus, and neuralgia, often attend insanity but require no peculiar treatment.

Amenorrhœa is frequently considered a cause of insanity; and its removal is looked to as a sure indication of cure. In this there is often disappointment. Whatever indicates returning health is favorable in insanity. When the health improves, in recent cases, before there is any particular change in the state of the mind, the indication is favorable. So far the return of the menses gives encouragement. They are restored in many cases, however, without any obvious change in the symptoms. The menstrual period is often attended by increased excitement, and this is quite as likely to follow, as to precede or accompany discharge. In such cases the suspension of the menses is attended by favorable results till the general health is improved and the irritable state of the uterus, and general nervous system is allayed or removed. In cases where the periods of excitement are connected with the menstrual visitation the occurrence of pregnancy and the final cessation of the menses has been attended by favorable results, even by a radical cure.

Mercurial and ætetic purges, tincture of Guaiacum, the various preparations of iron with or without Conium, are to be relied upon in amenorrhœa, but they effect a cure by improving the general health rather than by any specific effect upon the uterus itself.

It has been remarked that the insane are peculiarly liable to neuralgia, especially when the disease is paroxysmal.

It is most successfully treated by narcotics and tonics. Morphia, Conium, Nux Vomica, Belladonna, arsenical solution, Quinine, Iron, Zinc, and Nitrate of Silver, are all valuable remedies, and should be if necessary, administered freely. Belladonna, Veratrine, and cold water applied externally, often relieve the pain remarkably.

There are cases of insanity in which there is at first high excitement, but in a few days there is an alarming collapse with symptoms of great exhaustion and debility. The head and chest are usually hot, while the extremities are cold, purple, and covered with perspiration. The action of the heart is feeble, often irregular. The pulse is exceedingly weak, and, in fatal cases, ceases at the wrist long before the brain dies. These cases indicate danger from the first, and must be treated promptly or fatal symptoms will occur unexpectedly. The bowels should be gently moved by calomel, and small doses of this remedy may be continued for a few days. Cold should be applied to the head, and blisters, sinapisms and rubefacients to the extremities and the chest. Great care should be taken not to exhaust the strength, and the vital powers should be sustained by a free use of volatile and diffusible stimulants, and good liquid nourishment. If opium is given, it should be in small doses combined with calomel, and at short intervals. Large doses fail to quiet the excitement, and in some cases seem to coincide with other influences to increase the delirium and irritation of the brain.

The views of experienced men at the present day, as to the treatment of insanity, differ greatly from those that were usually promulgated at the commencement of the present century. If there is a difference of opinion as to the necessity of medical treatment in various cases of insanity, there is great unanimity of sentiment in this country and in Great Britain, as to the indications of cure and

the kind of remedies most to be relied upon when they are to be used.

The abandonment of depletion, external irritants, drastic purges and starvation, and the substitution of baths, narcotics, tonics, and generous diet, is not less to be appreciated in the improved condition of the insane, than the change from manacles, chains, by-locks and confining chairs, to the present system of kindness, confidence, social intercourse, labor, religious teaching, and freedom from restraint. In this age of improvement, no class of mankind have felt its influence more favorably than the insane. But we should not be satisfied with present attainments. Much undoubtedly remains to be done for them. Good influences are everywhere operating, and we may confidently hope that what is overlooked by the passing generation, which might have been beneficial to them, will be supplied by their successors.

ARTICLE II.

REPORT ON THE PAST AND PRESENT CONDITION OF THE INSANE IN CANADA EAST. By DOCTOR FREMONT, one of the Managers of the Quebec Lunatic Asylum.—*Read at a Meeting of the Association of Medical Superintendents of American Institutions for the Insane, June, 1850.*

Until comparatively lately in Canada East, no attempts were made to treat insanity as a disease, in many cases susceptible of alleviation and of cure. From the settlement of Canada until 1845, this unfortunate class of the human family were kept confined, either in close apartments in private dwellings, in the gaols of the different districts, or in cells made in buildings attached to and under the care of some one of the religious communities devoted to the relief of the sick and infirm in the districts of Montreal, Three-Rivers and Quebec.

Before entering more particularly into the description of the condi-

tion of the insane in this part of the British Provinces, I would wish to be distinctly understood, that no remark or opinion expressed in this report is intended or meant to censure any community or individuals connected with the care of the insane, but merely the *systems* pursued and not the execution thereof.

The cells above alluded to, were nearly similarly constructed in each of the three districts. They were made in some buildings, one story high, surrounded with a high fence—they were from eight to nine feet square, and the same in height. Each had a small glazed and grated window in the outside wall, of about a foot square, and in the passage dividing the two rows of cells, there were small openings, also grated. Through these windows light was admitted, and when opened, air. In winter, stoves were placed in the passage to diffuse heat. In summer, some very imperfect ventilation was procured by opening a window at either end of the passage. To each cell was affixed a wooden trough in the side, leading to a covered canal outside, which, if the patient would use it, conveyed his evacuations to a main sewer.

Little or no medical treatment was given to the cases thus in confinement, although a medical man was nominally attached to each establishment, who gave his services gratuitously when called upon.

The patients were ministered to by a man keeper for the male patients, and a woman keeper for the females. To keep them clean, the patients were, one by one, removed to a spare cell, while their own gloomy and miserable abode underwent the necessary process of washing and ventilation.

The patients in question were all at the charge of Government, and cost the Province at the average rate of \$2 50 per week for each.

It is evident that neither the cells, nor the attendance on the unfortunate people confined therein, could allow of the enjoyment of external air or exercise, nor of moral or even medical treatment upon any system affording a reasonable hope of mental cure. They were simply places of confinement, without the possibility of beneficial effect upon the unhappy persons afflicted with the dreadful malady of insanity, further than placing them out of the reach of danger to

others, and diminishing that to themselves which would have resulted from their personal freedom. Indeed they were more likely to produce or increase insanity than to cure it. The remark of one of the patients, removed from the cells, was original, and pretty correct; he incidentally observed, "that if the Judge and the seven individuals who condemned him to be so confined, had themselves been retained there, as he had been for nearly eighteen years, he thought they would then be fully as mad as he was." This case, a complete wreck in mind, is an example of a large majority of the cases which had been confined in those cells.

This state of matters relative to the insane, seems to have been a mere extension of the accommodation which was found to exist at the conquest. At that time, four cells destined to the safe-keeping of the insane, were attached to the Grey Nunnery at Montreal; four to the General Hospital at Quebec, and two to the General Hospital at Three Rivers, all communities of ladies, originally founded for the relief and care of the sick and infirm.

As early as 1824, many efforts were made by the late Honorable John Richardson, one of the members of the Legislative Council, for the establishment of a Lunatic Asylum upon the improved principles which were the guides of such institutions in Europe and America. It is from a report made by a committee of the Council, of which this truly excellent man and philanthropist was chairman, that some of the foregoing information was obtained.

To show how little insanity, as a disease, was understood, it is stated in the evidence attached to the report "that the patients undergo medical treatment for their cure, agreeably to Pinel of Paris, and Haslam of London; instructions for which treatment are in the hands of the nuns!!!" It is obvious that the modern improved plan of treating the insane under those circumstances, was quite impracticable—medical treatment perfectly useless, and any attempt at moral treatment not only absurd, but, in truth, bordering on the ridiculous.

It was not till the year 1843, shortly after Sir Charles Metcalf assumed the government of the Province, that any successful attempt

at a change in the deplorable condition of the insane in Canada was made.

Moved by his benevolent disposition, he directed minute investigation to be made in the matter, and from the information received, he deemed it imperative not to delay any longer some amelioration in the painful and distressing condition of this interesting class of afflicted humanity. Accordingly, a temporary arrangement was made with some medical men in the city of Quebec, for the maintenance, care and treatment of such insane as were then at the charge of the Government, in the districts of Quebec and Three Rivers. Shortly afterwards, a similar arrangement having failed in Montreal, the insane from that district also, were transferred to Quebec.

A property was leased at Beauport, in the neighborhood of the city, comprising a manor house, an extensive block of out buildings of stone, and about two hundred acres of land.

In September, 1815, the arrangements were completed for the reception of one hundred patients. Soon after, the patients from the cells at Quebec, were removed to this new temporary asylum. They were removed in open carriages and in cabs. Many of these unfortunate people had been from one year and under, to twenty-eight years in close confinement; and as a natural physiological consequence, most of them presented body and mind equally broken down and diseased; nevertheless, they appeared delighted with the ride, and the view of the city and river, trees and passers by, appeared to excite in them the most pleasurable sensations. One, a man of education and talent, whose mind was in fragments, but whose recollection of a confinement of twenty-eight years was most vivid, wandered from window to window. He saw Quebec and knew it to be a city; he knew ships and boats on the river and bay, but could not comprehend steamers. They were placed together at table to breakfast, and it was most interesting to witness the propriety of their conduct; to watch their actions, to listen to their conversation with each other and to remark the amazement with which they regarded every thing around them.

A few weeks after, the insane patients from the other districts

were also removed to the temporary asylum at Beauport. Attempts had been previously made in Montreal, to ameliorate their condition by removing them from the cells to the Gaol; and the effects of even this change were apparent in their improved state and condition. They were less violent, and their minds less weakened by close confinement.

The whole number in the asylum in October, 1845, was eighty-two.

The history of *no one case* accompanied the transfer of these unfortunate beings, but there was reason to believe that few, if any, were cases of recent date. Certainly, at least three-fourths had been in confinement for many years, and under circumstances that precluded the reasonable hope of any benefit being derived from any moral or medical treatment whatever. Very many arrived, chained and excoriated, furious and excited by restraints, and impaired in health by long continued seclusion. Indeed, the question with many was not whether they would recover their reason, but how long they would live. Of this number, five only have been discharged either cured or relieved. Since then, a number of recent cases have been admitted and as will appear by the returns, a proportionate number of cures have been effected.

In Lower Canada, before being removed into an asylum or deprived of his liberty, an individual, if of age, must be interdicted and declared incapable of managing his own affairs. This is done before a judge by the advice of seven persons, who are, or are supposed by law to be, relatives or friends, and as such, this assemblage is styled an *assemblée des parents*.

The establishment to which these patients were then removed, although vastly superior to those whence they came in means to allow the reasonable expectation of improvement to many, was far from possessing all the requirements necessary to the most advantageous treatment of such diversified cases as they presented. Nevertheless much was done towards the comfort and alleviation of their truly deplorable condition.

As soon as their muscular powers were sufficiently restored, the

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patients were induced to employ themselves in occupations most congenial to their former habits and tastes ; some worked in the garden, others preferred sawing and splitting wood. The female patients were taken out daily and many of them engaged in weeding in the garden. The effects of this system were soon apparent in their improved health and spirits ; they became stronger and ate and slept better.

Considerable difficulty was experienced in finding suitable means of employment for our patients during our long Canadian winters. Whenever the weather would permit, those who could be induced to do so, were employed at various out-door work, and in shovelling snow and removing it on small sleighs to a little distance from the premises. In the evening, most of the patients both male and female, amused themselves in dancing, of which they seemed to be passionately fond. Music and dancing, as a source of amusement and recreation, were found to be admirably adapted to the insane ; it seemed to divert their minds from their disordered fancies, without unduly exciting them ; and it induced many of them to take exercise, who could be induced to do so in no other way. Even as remedial agents, they were found of benefit. In one case, they roused a patient from a state of the most abject melancholy, and gave a stimulus to his mental faculties, which resulted in perfect recovery. In another case, they effected a change from a state of melancholy with strong suicidal propensities, to a state of cheerfulness and enjoyment, which still continues, and may yet result in a cure. Drafts, backgammon, books, and the daily papers, were also the in-door means of amusement and recreation at their disposal. The approach of spring, however was always hailed by them with great delight, as the time when they could again employ themselves in the garden and grounds.

The total number of patients who were admitted into the asylum during the first three years of its establishment was 234, viz :

Males,	-	-	-	-	-	-	122
Females,	-	-	-	-	-	-	112—234

Of these there have been discharged during that time :

Recovered males, -	-	-	-	-	16
“ Females, -	-	-	-	-	14—30
Improved males, -	-	-	-	-	7
“ Females, -	-	-	-	-	5—12
Not improved : males, -	-	-	-	-	6
“ Females, -	-	-	-	-	6—12
Died : males, -	-	-	-	-	24
“ Females, -	-	-	-	-	26—50
					—104
And there remained : males, -	-	-	-	-	70
Females, -	-	-	-	-	60—130
					234

Of the cases admitted into the asylum during the same period of time, forty-three were brought in within one year from the first attack of disease, and of this number there have been discharged, cured, 21 ; improved, 2 ; not improved, 2 ; and 1, died ; leaving 17 cases, of which five have subsequently recovered. The twelve remaining are improved, and with two or three exceptions are likely to recover.

The building then occupied as an asylum, though the best that could be obtained at the time, was not built for the purpose and was manifestly inadequate. It did not afford the means of carrying out the wishes and intentions of the managers as to the complete separation and classification of the patients, and from their increasing number, it became necessary to remove several to another building in the vicinity. These circumstances, under an arrangement with Government for a further period of seven years, led to the erection of an Hospital of such an extent, and with such arrangements, as to combine every thing necessary to the cure of persons afflicted with mental disease. The necessary contracts were entered into in December, 1848, for the erection of the Hospital, a view of which is hereto annexed, and the building was finished and occupied under the name of Quebec Lunatic Asylum, in March last.

The grounds purchased for the use of the establishment, comprise 70

acres, varied in surface, well wooded and watered, and commanding a perfect view of the city, harbor and surrounding country. The Asylum itself is a mile and a quarter from Quebec, is situated on the north side of the Beauport turnpike road and is surrounded on three sides by the river *des Taupieres*.

The building is of gray limestone, hammer-dressed in courses, and is covered with slate. It is two stories high, surmounted by a dome, and possesses a basement story and attics. Its *facade* towards the road is 217 feet in length, with two wings at right angles to the front, each 132 feet long.

The entire building is heated by four hot air chambers and flues, all of which are placed under ground.

The establishment is abundantly supplied with pure soft water, which is conducted from the river *des Taupieres* into the building by pipes, and conveyed into cisterns in the attics by a powerful force pump. This pump is also fitted with hose to serve the purpose of a fire engine.

The building is thoroughly lighted by gas, which is manufactured from coal, in a separate building erected for the purpose in the rear. This building, similar in construction to the main building, contains also a wash house and other offices.

The establishment is fitted up with ten cast iron water closets on an improved principle. The contents are conveyed by iron pipes to large cess-pools placed outside of the building.

Sixty-feet of the main front is used in the basement for kitchen purposes. On the first floor by the hall, the reception room, physician's office, and servants' dining room.

The second story is occupied principally by the warden and his family, and the attics are used as bed rooms by the house and farm servants. The remainder of the front and the entire wings are devoted exclusively to the use of the patients. The male patients occupy the east and the female patients the west front and corresponding wing.

The patients on each side are subdivided into four classes. The idiotic, and those patients who are intractable or filthy in their

habits, occupy the north ends of the wings ; two day rooms, two water closets, and bath rooms, and twelve sleeping rooms are devoted to this class of the inmates in each wing. A corridor on the first flat, 130 by 120, and four dormitories, are occupied on each side by a class whose habits are more orderly. Corresponding day rooms and dormitories in the upper flats are devoted to a still more orderly class of patients. The front, on each side of the centre building is used by convalescent patients. Two large day rooms and six dormitories are devoted to this class of patients.

The establishment, as now completed, is capable of affording ample accommodation for 200 patients and their necessary attendants. The attic story, except sixty feet of the main front, is not fitted up, nor used, but is susceptible of division into dormitories and small bed rooms to accommodate at least one hundred additional patients. As to the numbers at present in the Asylum, I beg leave to annex a copy of the last monthly return.

MONTHLY RETURN.

Of Patients in the Quebec Lunatic Asylum, from the first to the thirty-first of May, 1850, inclusive.

Description.	Remained.	Since admitted.	Discharged.	Dead.	Remaining.
Men,	77	- 6	- 2	- 0	- 81
Women,	84	- 1	- 3	- 0	- 82
Total,	161	7	5	0	163

(Signed,)

G. WAKEHAM, Warden, Q. L. A.

REMARKS.

Of the seven admitted during the month, four are likely to recover ; one is doubtful, and two are likely to be incurable cases.

Of the five discharged during the month, four were quite well and one much improved.

(Signed,)

J. DOUGLAS.

Quebec, June 2d, 1850.

ARTICLE III.

REPORT ON THE ORGANIZATION OF ASYLUMS FOR THE INSANE. By JOHN M. GALT, M. D., Superintendent of the Eastern Asylum of Virginia at Williamsburgh.—*Read before the Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, June, 1850.*

At the last meeting of the Association of the Medical Superintendents of American Institutions for the Insane, the state of my health prevented a participation in the interesting proceedings of this body. Having been directed according to an order passed at a previous session, to choose a subject on which to report, I did so, but was unable to write out my views fully, owing to the same reason just given above for my absence from the meeting referred to. Inasmuch however, as most of what I should have remarked, would have necessarily been found elsewhere, and doubtless expressed in a better manner than any effort of mine could attain, it matters little that this duty was unfulfilled. But wishing to conform as closely as possible to aught assuming the shape of a promise, I content myself with now presenting a few observations concerning the Organization of Asylums for the Insane, instead of offering an elaborate article on the subject. I shall therefore simply touch upon three prominent points in this relation.

The first of these topics which we proceed to notice, is an arrangement suggested in connection with the early history of a lunatic asylum: we think that when such an institution is contemplated, the medical superintendent thereof should be appointed before the building is put up, or even a plan of construction is adopted. And this too whatsoever be his particular functions with regard to the necessary buildings; in other words, for example, whether he be entrusted with the supervision of the whole undertaking, or have only the task

of making suggestions as to the adoption of a suitable model. Not unfrequently we find, that it is a practice with the makers of new asylums to select as their medical superintendent, some gentleman who is already connected officially with an establishment of the kind. In such event, as regards an asylum designed to be erected, it is evident that you secure the aid resulting from the counsels of an individual directly and personally interested in the proposed institution, who has a thorough acquaintance with the architectural requirements for the management of the insane. Here you have, therefore, the combined assistance of self-interest, experience and study. But even in cases where an ordinary physician is selected, you have under this plan, in the first place, an early attention on his part to the important subject of architectural provisions; and, secondly, almost as a matter of course, a devoted investigation into the general subject of insanity and its treatment. Hence, when the establishment is ready to be occupied by its future insane inmates, the superintendent is fully prepared to undertake its judicious supervision.

Secondly, the government of an asylum as at present constructed, usually consists of a Board of Trustees, and a superintendent acting under their direction. I am of opinion, that all persons whatsoever, serving in the capacity of assistants to this officer, should be absolutely under his control as to dismissal from their situations; and that every such assistant should either be selected by the superintendent immediately, or from his nomination to the board of trustees; the superintendent being himself appointed by that body, and being liable to removal through their action. This last regulation I deem a sufficient check upon the superintendent, whether he be given the power of nomination or that of appointing. He is more accurately acquainted with the precise characteristics which are requisite in any subordinate, than the Board of Trustees can possibly be; experience, observation and self-interest teach him this, and on these grounds merely, it is far more likely that he will make a good choice than they. Then again, if an individual is found on trial not to possess the requisite qualifications, of which circumstance the superintendent alone is the proper judge, a new appointment can be effected without

the exciting and prejudicial process of an examination into the matter on the part of a superior authority. Moreover, such bodies are unpaid, and to some extent irresponsible; and it is contrary to human nature to suppose, as an ordinary event, that they will take so lively an interest in the welfare of an establishment of the kind, as is evinced by most superintendents; hence they would be more easily induced through the persuasions of others, to give their votes for persons not exactly qualified for particular posts in an asylum. Whereas this is very different with a superintendent. For it is pretty certain that the success of an institution for the insane, depends greatly upon the character of this officer's subordinate auxiliaries, and therefore it is to his direct advantage to choose those assistants that will faithfully and efficiently perform their several duties. There is, indeed, a sure guarantee of proper management here, in the fact that a failure of success is, in the chief officer, a failure in the mode of earning his livelihood and supporting his family; and the risk in connection with incapable subordinates is of extreme importance to him. So far as the power of dismissal is concerned, it is manifest to all who have had charge of the insane, that there are officers and attendants whose deficiencies cannot be well explained in words or fully demonstrated and pointed out for the decision of trustees, and yet an institution may suffer grievously from the presence of such individuals. Moreover, no general system can be fully carried out unless each member of the official corps cooperates fully with him who has the responsibility alike of both the medical and the domestic arrangements of an asylum; and it is in vain to expect so desirable an union of effort, where subordinates look to a higher power than the superintendent.

Comfortable accommodations, liberal diet and warm clothing now constitute established, settled means of treatment in insanity. There are forms of expenditure that *must* be increased, and little difficulty is usually found in obtaining them. But if there be any progress in the treatment of this disease, if there be any measure radiant with future promise, it is discoverable in the agency of the influence over the minds of the insane, that results from the exertions of teachers

and other additional companions appointed for their benefit. It is here therefore, that the battle is to be fought for an increased outlay in our lunatic asylums. But certainly we should seek that medium in this regard, by which we can obtain the available force of such agents at the least expense. Here, too, the simple though important doctrine of political economy should always be held in due consideration, to the effect, that in every department of public business, the people should be served by individuals fully qualified for the discharge of their official duties, and that an expenditure should be allowed, requisite for securing the services of such persons; but that any amount beyond this must be considered as wasteful extravagance. The more closely indeed we adhere to the rule thus enunciated, the greater will be the number of our assistants in so material a line of endeavor. Legislative bodies may rest assured, that never will the combined advantages of proper treatment and minimum expenditure be fully attained, until the superintendent has the control of his subordinates, for which I have contended above. Under the old system of organization, where the steward and matron and a few other officers and attendants of very definite functions, formed the entire body of agents assisting the superintendent, the exact degree of compensation involved in obtaining the services of persons capable of filling a particular office, was more easily assignable and capable of recognition. But when in addition we have teachers and companions, and in fine, a much greater variety of capabilities in demand, to procure an entire set of officials, all of the requisite character, becomes difficult, and especially so in conjunction with motives of economy. Owing to his practical experience, a superintendent alone can determine with accuracy, the comparative facility in obtaining talent or natural ability suitable to each post in an asylum; so as measurably to graduate the salaries according to this scale. It is a simple matter for a subordinate officer apparently faithful to his trust, to represent to a board of trustees, the onerous nature of his duties, and by such a course, to induce a useless increase of salary. But the superintendent is alone capable of judging properly, first the fidelity and value of any particular assistant; and secondly, the amount of pay

which he should receive, from the comparative facility of filling the situation which he holds. Let the superintendent but have the power of appointment and dismissal and he is perfectly aware when he should discharge an official who is dissatisfied, and when on the contrary, he should recommend an increase of salary to one whose ability could not easily be found in another.*

The third point to which I would call the attention of the Association, is the question whether it is advisable to have a visiting or a consulting physician, instead of the American plan of dispensing with such an official. I think this strict exclusion to be at least a doubtful policy. Now, where, as in some few asylums in this country, and in a large number on the other side of the Atlantic, the visiting has superior authority over the resident physician, no doubt in adopting the plan, we would be establishing one inferior in merit to that in vogue amongst us—however well the former may have succeeded in particular institutions of the United States. But the arrangement which I would propose is, that the superintendent should have the power of nomination or appointment of a consulting physician, who would thus, like the other officers, be considered as an auxiliary subordinate. This officer might or might not be recompensed pecuniarily. Whilst in private practice, scarcely a person becomes dangerously ill, but that their friends view it as necessary to call in more than one physician, should not the same rule apply, if not to insanity as a disease, at least to formidable maladies, to which the insane are equally as liable as are those of sound mind? Were there any power given to such an officer which would conflict with the authority of the superintendent of an asylum, I should be clearly against so undesirable an arrangement; but under that which I propose, nothing of the kind is admissible. The officer in question, is to be selected by the superintendent, and consulted by him when deemed necessary. If it be alleged that this arrangement endangers the growth of cabals and intrigues against the superintendent, the answer is simply, that physicians are found in all boards of

* As regards the offices of steward and matron, I may remark, *par parenthesis*, that I should consider their abolition a desirable innovation.

trustees ; in other words, occupying a position superior in point of fact to that of this officer, and yet these gentlemen are oftener of service to him than the reverse. Apart from the old adage as to the increased wisdom in numbers, an important advantage under the plan pursued, would be attained by giving satisfactory testimony to the friends of patients as to the care taken of their afflicted relatives ; for they thus perceive that these unfortunates have not only the benefit arising from the enlarged experience of the superintendent of an asylum as to mental derangement, in which particular he almost necessarily excels other medical men, but also that on the occurrence of bodily disease, they would have attendance of a character not to be surpassed at home. A second advantage in this regard, consists in the circumstance, that in many instances, the diseases prevalent in the vicinity of an asylum, would be known by a consulting physician, who, as a general rule, would be probably a physician in practice, and thus additional light might be constantly thrown, on the physical diseases from time to time attacking the inmates of an institution in an endemic or epidemic form. Again, the false reports and rumors occasionally affecting the reputation of an asylum for the insane, could not receive a more useful contradiction than would come from the lips of a physician in active practice. In the third place, as so many difficulties occur not only with regard to treatment, but as to general management also, an influential physician, by his counsel, and by his testimony out of doors, might often lighten the weighty load of responsibility to which every superintendent is subject ; and suggestions of improvement would not unfrequently occur to such an officer, which might escape even the experienced mind of a superintendent, burthened as he must ever be by a multiplicity of cares and multiform duties.

Moreover, and lastly, by filling the office of consulting physician, instead of that of superintendent, lives valuable to the cause of the suffering insane, might be prolonged for years, which under the toils of a superintendency, would be quenched in darkness, after shedding for a short time, a brief and transitory, though effulgent light. In this connection, I trust it will not be deemed amiss to

offer one humble tribute of admiration to the memory of the lamented Brigham—from the south, to add one more, to the many voices which have uttered their praise of his exalted merits. If this eminent laborer in the field of benevolence, after establishing on a permanent basis, the important charity over which he so ably presided, had then acted in its behalf under a less confining class of duties—a situation which would but have given more scope for his sensible suggestions and his fearless reflections, we might still, perchance, have had the light of his intelligence amongst us. He might have been a blessing for years to the great institution, in whose service he died, as the martyrs of old offered their corruptible bodies for an incorruptible faith. He might have been a blessing for years to the insane in the populous commonwealth which chose him from afar to watch over the infancy of its noble asylum; to the insane in every State of this extensive and extending Union, in whose cause his wise words will ever be as a beacon and light to those who would strive for their benefit; to the mentally afflicted, in fine, everywhere: for his was a most liberal sympathy, and displayed for the good of all in every land, whose minds are darkened. But alas! he has gone from us forever! Ours is the loss, his the exceeding reward. Whilst on this earth he contended for the truth against all opposition and under all circumstances. He is now gone to that mighty Being who is the source and essence of truth. His spirit has passed to the bosom of the Eternal One, where the toil-worn and the weary have an everlasting rest.

ARTICLE IV.

ON INSANE FOREIGNERS. By M. H. RANNEY, M. D., Resident Physician at the New York City Lunatic Asylum, Blackwell's Island.—*Read before the Association of Medical Superintendents of American Institutions for the Insane, June, 1850.*

In the allotment to members of this Association of subjects for thesis, the interesting topic of "Insane Foreigners," has been assigned to me. In investigating this subject I shall consider particularly, the peculiarities characterising the various forms of insanity affecting recent emigrants. A large proportion of the patients admitted in the Lunatic Asylum, Blackwell's Island, are foreigners; but as they have been in this country a number of years, their insanity may be ascribed to the same causes as those affecting natives of the same locality; and I have not deemed it appropriate to include them in this thesis: consequently the descriptions I shall give, refer to that class of patients, admitted during the years 1848 and 1849, who had been in this country one year or less, and the most of whom became insane on shipboard, or soon after landing. There had been under my care during three years ending December 31st, '49, 1229 foreigners, and 500 natives. During the *two years* ending Dec. 31st, '49, the number admitted who had not been in America more than one year was 143. Of this number 59 recovered, and 19 died. Twenty of the remaining 65, have, since the commencement of the present year, been discharged recovered. From the data afforded by the observation of this class, my conclusions are drawn. The characteristics of these cases seem to depend upon a peculiar combination of moral and physical influences. When leaving home they have high hopes of success, and fondly imagine that the only requisite to a realization of their expectations, is a safe arrival. On the voyage the general health suffers from the breaking up of old, and the establish-

ment of new habits, as well as from the lack of sufficient and suitable food.

They are either greatly exposed to the inclemencies of the weather or obliged to inhale an impure atmosphere, produced by the crowded condition of the vessel. Disease is consequently generated, and those who escape an attack of the ship fever, or other active disease, are likely to have the system greatly impaired and enfeebled from these continued causes.

On landing in New York they soon learn that their high expectations of prosperity, which had induced them to leave their native homes and sustained them on their voyage, were not to be realized, and awake to a consciousness of the wretchedness of their situation in finding themselves destitute in a strange land. If they possess a small amount of money when they arrive, there is every prospect of its being taken from them by the "runners and boarding house keepers," many of whom are dishonest, and support themselves by robbing emigrants of their money and clothing. Various laws have been passed by the legislature to prevent these frauds, but without any essential benefit.

In fact, the Commissioners of Emigration, in their last Annual Report, recommend the abolishment of the law licensing this class, unless it can be improved. Thus we have the combined action of moral and physical causes. Indeed, it would be difficult to conceive of their operation under circumstances more fully calculated to develop mental disease, nor need we wonder that its manifestations are peculiar in their character, and intense in their action.

A state of pleasurable excitement, arising from their bright anticipations of the future, predominates over grief at leaving the land of their nativity, the embarrassments attendant upon their new situation, and even over suffering and want. It is a cordial, however, which fails at the precise moment its exhilaration is most needed, the termination of the voyage.

Their fondest hopes being destroyed, despondency and anxious care follow. Without the means of obtaining the necessities for the support of life, without a friend or acquaintance, in a strange land, it is not surprising that hope yields to anxiety.

Besides these causes which are more or less general in their operation, we might mention amenorrhœa among the females, depending doubtless on the effect produced upon the general health by the complete change in their habits of life. In these cases there **was** frequently a disposition to use obscene language, and some marked signs of nymphomania were exhibited. The sympathy existing between the brain and uterus is very great.

Seduction is also an occasional cause of insanity. Without money, friends, or employment, and necessarily associated to a great extent with the unprincipled, many yield their virtue as the only apparent means of obtaining a livelihood. The depressing effect which follows becomes an exciting cause.

From the nature of the causes, we should reasonably expect the disease to assume the form of melancholia. This, however, has not been the case, as I am unable to recall to mind a single well marked case of this form of mental disease.

The most frequent form of insanity occurring among the recent emigrants has been mania. The next in order in reference to number, has been a form of disease apparently intermediate between mania and typhus fever, then recurrent or paroxysmal mania, and lastly dementia. A review of these admissions gives as below the number of each of these varieties. Of the 143, eighty-nine were cases of mania, twenty of a kind of typho-mania, nineteen of recurrent mania, and fifteen of dementia. In the acute mania the only peculiarities observed have been, that the mental faculties were more generally affected than usual, no particular fixed delusion existing, no great violence exhibited, but an inclination to mischievous tricks, and a disposition to sing, dance, and assume theatrical attitudes. With these exceptions, the symptoms were such as are generally found in mania. A large proportion of the recoveries occurred in less than six months from the attack.

The medical treatment followed was the same as that in ordinary mania, modified to suit the peculiar condition of the system, arising from the great debility which existed before the supervention of insanity. An antiphlogistic course could not be carried far, while sedatives and tonics were required at an early stage.

The influence of moral treatment was very great. Insane foreigners are more susceptible to the influence of kind treatment than any other class. Previous to their admission they feel that they are friendless, and from having been associated with those who have refused to assist, or aided in robbing them, draw the conclusion that every one is an enemy, and even after being admitted to an Asylum, look with suspicion at first upon the kind efforts made for their welfare. But if these efforts be persisted in, their complete confidence will be gained, and the great change from a hopeless and forlorn condition, gives an influence of the strongest character.

The lowest class are governed principally by their feelings, and appreciate *acts* of kindness more than expressions of sympathy for their sufferings. If they actually receive a benefit, it produces an effect, while expressions of sympathy are regarded with mistrust. But whenever their better feelings have been reached by acts, and they have an assurance of an honest intention, then, and not till then, do they appreciate sympathy.

Seldom receiving visits from friends, they regard those having charge as the only ones entitled to their confidence.

During convalescence they remain more contented than those who have relatives near, and from this fact the restoration is generally more complete. In these cases, I have been better satisfied as to the perfect recovery of the patient than in any other; and as they have generally remained some time after the apparent restoration of reason, I have observed that the dullness of intellect so common was usually entirely removed, and the mind seemed to regain its full elasticity.

The next form of insanity in point of frequency, resembles the variety so admirably described by Dr. Bell in a paper presented to this Association last year. The patient had the appearance of suffering from typhus, the symptoms being very similar to the nervous symptoms occurring in the advanced stage of that disease.

The first cases received of this character I believed to be a combination of mania with ship fever. This mistake was readily made from the fact that the ship fever was prevailing at that time in near-

ly all the public institutions of New York. Although satisfied of my error in diagnosis, yet the course of treatment there adopted from this view has still been followed, and I believe with fair success. The patient was usually admitted within a week from the attack. The friends represented that he had become suddenly violent without premonition, and very soon after the attack it was found necessary to use restraint.

Some of these cases were at first considered to be typhus and placed in the City Hospital, but from being very noisy and thus disturbing the other patients, were soon removed to the Asylum. A majority came under my care as early as the third day. The symptoms in this stage were, face flushed, eyes suffused, slightly increased heat of the head, tongue thickly coated, and the pulse increased in frequency. The mental powers were greatly affected. There was much difficulty in obtaining answers, but if an answer was given it was generally correct. I have not observed that the patient had great fear of being poisoned or was very despondent as described in the paper alluded to; but that extreme stupidity existed, and the difficulty in obtaining answers seemed to depend principally upon the difficulty of arousing the attention to the subject.

Although stupid and dull the patient slept but little, constantly moaning night and day. In many, a disposition existed for striking the head against the floor without any apparent motive. Great prostration of the vital powers followed as the disease advanced. The lips and teeth became encrusted with dark sordes, the tongue red, dry and smooth, afterwards moist and fissured, the breath fetid, the capillary circulation impeded so that a small injury to the surface produced extensive ulceration, the cheek livid, and a peculiar haggard expression of the features as though the person had been sick and suffering for a long period.

In five or six days from the commencement, the incoherence was usually complete. If the patient be disturbed he mutters words entirely unconnected with each other, rolls upon the bed, seems very restless and uneasy, or perhaps a smile flits across the countenance, rendered almost hideous from the haggard expression of the face. A

crisis occurs in three or four weeks from the attack, the disease terminating in death, or a gradual subsidence of the typhoid symptoms taking place.

As these symptoms subside, the mind gradually regains its power so that about the end of five weeks no aberration exists. In a few cases, after apparent restoration for a few days, mania came on; all of these patients, however, had had a previous attack of mania.

The symptoms are sufficiently characteristic for one to distinguish at once this form of disease from acute *mania*. From typhoid fever it may be distinguished by the absence of petechiæ and sudamina, the occurrence of delirium at an earlier period of the disease, and without the initiatory symptoms, greater violence, the moaning and muttering more loud and constant, the power of locomotion continuing for a longer period, and the duration of the disease more protracted. The inflammatory symptoms of cerebritis do not exist.

In the early stage it bears a near resemblance to *Delirium Ebriosorum*, and I have regarded the disease as of a hyperæmic character. Many of the symptoms indicate congestion, and in the several post mortem examinations made, the principal change from a normal condition was the distension of the venous canals of the brain, with blood. This may have been the result of the disease, but the symptoms being such as would be likely to occur, and the most successful treatment such as would be indicated from this condition, may not the venous congestion be regarded as the proximate cause? May there not be a congestive condition depending not so much on the increased quantity of blood from the action of the heart as from an atonic condition of the vessels of the brain?

Among the recent emigrants three-fourths recovered, but the result has been more favorable with this class than among others. A much larger proportion of emigrants than natives were affected with this variety. I give below an extract from a report made Feb. 25th, 1849, by Dr. Williams, visiting Physician to the Asylum. He remarks, "many recent cases admitted within the last twelve or eighteen months have been emigrants, generally under 30 years of age, and some much younger."

"A number of these labored under what might be called general incoherent madness, all the perceptive as well as reasoning faculties being deranged. They have generally been violently excited, wakeful and talking incessantly with entire incoherence. They have thus far all recovered or are convalescing, consequently we have no information to give from our own observation of the morbid appearance of the brain. Some consider this form of madness to be caused by acute meningitis. This is a question that requires further investigation. If an active treatment should be adopted generally in these cases, it appears probable that fatal results would be the consequence too often. It will not do either, to judge of the physical condition by the mental manifestations. The patient is often as violent with a sinking pulse and cold skin, as when the circulation is rapid, the eye bloodshot, and surface heated. This form of insanity is well known by those having charge of the insane, although it is not described by medical writers.

"Its additional interest at this time is derived from the number of young emigrants who are attacked with it. The physical sufferings they have endured before leaving their homes, added to the privations of a sea voyage, the breaking up of attachments rooted in every breast, their landing in a helpless and often destitute state, on a strange shore, are causes well calculated to try the endurance of disciplined and strong minds. It is not astonishing, then, that those unaccustomed to self-restraint, or without mental cultivation, should fall before such a combination of adverse moral and physical causes."

The course of treatment may be comprised in a few words, but the principal difficulty is the adaptation of the remedies to the particular stage or condition. The disease runs its course very rapidly, and sudden changes occur, requiring corresponding changes in treatment. I have given in the early stages a cathartic (sub-mur. Hydrarg., twenty grains, Jalap one scruple, to be followed if necessary by Ol. Tiglii.) Constipation commonly exists, and active medicines are required to move the bowels. After free Catharsis, small doses of Tartras Antimonii for a short time, and when discontinued, Pulv.

Antimonialis, twenty grains, three times a day. The last acted very favorably when there was an increased action of the carotid arteries, but not sufficient strength of the system to allow a more active antiphlogistic course. Ipecac has been occasionally substituted for the Antimonials. In this stage, cups applied to the back of the neck, cold applications to the head and warm pediluvia have proved very beneficial.

When the typhoid symptoms are more marked, diffusible stimulants become requisite, and one of the best of this class of remedies is the Carbonate of Ammonia. As the prostration increases, wine and brandy become necessary as stimulants, and a free use of liquid nutriment such as milk punch, beef tea, &c., to sustain the system. But I will not occupy your time by a minute description of the treatment followed. Venesection has not been practiced in any case. Tonics were used in a few cases in the last stages of the disease, but without any decided benefit.

Relative to paroxysmal mania, and dementia, nothing special was observed, and the subject only becomes interesting to the authorities of our country for the purpose of determining, if insane paupers be sent from foreign countries to be supported in this.

On this subject, accurate data can not be given, but from the representations of many of the patients that they had been in lunatic asylums previous to their arrival in this country, one would infer that such was the fact. A few of the demented had an attack of mania soon after landing, and the dementia was the result of this disease. In two cases, dementia supervened immediately upon sudden fright occasioned by some disaster while on shipboard. In others, the morbid state of the brain producing insanity occurred in individuals originally partially imbecile. This is not an unusual result of imbecility, the brain taking on in these cases from slight physical causes a morbid condition. In nearly all the cases of recurrent mania, the patient had been once or more in a lunatic asylum in their own country.

From the Reports of the Commissioners of Emigration, it appears that 419,779 immigrants arrived in New York during the year 1848

and '49. Of this number, thirteen-sixteenths went immediately to the Western States, leaving 78,707 who remained for a time in the city. During the two years, 143 were received at the Blackwell's Island Asylum, but the number of lunatics supported by the Commissioners of Emigration in other institutions I am unable to give.

GENTLEMEN :—I have endeavored to present to you in a brief manner, facts which have come under my own observation. Having no theory to uphold, I trust they are given without bias or prejudice. From the examinations of the recent emigrants which have been under my ear, I have drawn the following conclusions.

1st. The peculiarities in the form of insanity and the requisite medical treatment depend upon the peculiar causes which have produced the disease.

2d. That a large proportion are uneducated and the mental faculties inactive, yet they frequently become insane.

3d. That insanity is as likely to occur in a low and defective as in a high mental development ; and that while in the latter, moral causes are the more common, in the former, physical causes more frequently produce the disease.

4th. That the principal moral causes are anxiety, fear, and remorse.

5th. That moral treatment conduces much to their restoration.

6th. That the delusions are frequently connected with religious subjects.

7th. After recovering they are conscious of having been insane, and acknowledge the previous delusions as promptly as others.

8th. That after the restoration of the physical health and the removal of adverse circumstances, the mental faculties regain more perfectly their usual condition than among the insane of our own country.

ARTICLE V.

ON THE NECESSITY OF A RESIDENT MEDICAL SUPERINTENDENT IN AN INSTITUTION FOR THE INSANE.

By J. M. HIGGINS, M. D., Superintendent of the State Lunatic Asylum at Jacksonville, Illinois.—*Read before the Association of Medical Superintendents of American Institutions for the Insane, June, 1850.*

To the Association of Medical Superintendents of American Institutions for the Insane.

GENTLEMEN :—In compliance with a polite request of your very worthy president, I respectfully beg leave to present for your consideration, the following remarks on “the Necessity of a *resident* Medical Superintendent in an Institution for the Insane.”

I must observe, however, in the outset, that I enter upon the duty assigned me, with feelings of much diffidence.

Not having been actually engaged in the management of an institution for the insane, the observations I shall offer are principally the result, not of my own personal experience, but of deductions made from my readings and reflections on the subject now presented to your notice :—these have led me to the conclusion that it is highly important that the superintending physician *reside* in the institution committed to his care. The correctness of this conclusion will appear, I think, from the following considerations. •

1. An establishment for the insane, may be regarded as a vast household, and the medical superintendent as the *Paterfamilias*, under whose control the entire management of the whole concern is placed. As the father who is the natural guardian and governor of the domestic circle, must necessarily reside in the midst of that circle, in order to direct successfully its diversified movements, so is there strong necessity for the head of an institution for the reception and management, physical and moral, of a class of our fellow beings who require such peculiar care and such unceasing vigilance, to *live* and move amongst them.

2. The physician to whom is entrusted the treatment of mental maladies, has, in prescribing for his patients, a twofold duty to perform : whilst he investigates the true pathological condition of the physical system, in order to conduct philosophically his therapeutic treatment, he must with equal zeal and precision discover, if possible, the nature of the mental impressions that may have been instrumental in developing the derangement of the intellect, as upon a knowledge of the real cause depends to a considerable extent the nature of the requisite moral treatment, which is the great sheet anchor of hope in a vast number of insane cases. The physician ought, therefore, to possess every facility for making his examinations and detecting in their hiding places, those occult causes which have effected the injury he is called upon to repair. How can he better place himself in a situation for exploring the disordered field before him, than by taking a permanent station in the midst of the confused elements which he is to analyze, and study, and understand, and restore to their primitive state of order and quiet ?

The medical superintendent of an insane hospital is supposed to possess certain *peculiar* endowments, as he unquestionably ought to, which fit him for the *peculiar* and highly responsible station he occupies ;—he ought to have an intimate acquaintance, in the language of another, “ with every thing which is or can be rendered influential in what may be called adult education, in the management or modification of character, in order that as great a number of moral means of cure, of restraining, persuading, engaging, teaching the darkened and disordered mind, may be created as possible.” “ To acquire and apply this amount of knowledge,” continues Dr. Brown, “ it is not only necessary that he who devotes himself to the care of the insane, should see his patients, as has been recommended, once or twice a week ; he must *live* among them ; he must be their domestic associate ; he ought to join in their pleasures and pastimes ; he ought to engage them in converse during the day, and listen to their soliloquies in the retirement of their cells ; he must watch, analyze, grapple with insanity among the insane, and seek for his weapons of aggression in the constitution and disposition of each individual, and not in general rules and universal specifics.”

3. It is all-important that he who would treat successfully the disorders of the insane, should secure the confidence of his patients. Indeed, we may not indulge a strong and well founded hope of effecting a cure in many cases without this. Now, it requires but little reflection, to enable us to perceive that we may the more readily and certainly realize this great desideratum by commingling frequently, as above indicated, with the unfortunate sufferers entrusted to our care, availing ourselves, in the mean time, of course, of the right kind of address.

4. Instances not unfrequently occur in institutions for the insane, in which certain maniacs who become furious and unmanageable, may be readily calmed by the superintendent, who may often bring to bear upon them a moral influence such as he alone of all connected with the establishment may be able to command. The moral treatment in such cases consists in seizing the attention, controlling the understanding, and gaining the confidence. Let the patient be approached by his physician with assurance and a steady look, and at the same time by words gravely and energetically uttered, and he is frequently inspired at once, with astonishment, confidence, and respect; and we see the man, a moment ago so furious, and so lavish of threatenings and abuse, disconcerted, and becoming calm and tractable.

A number of cases are related by Esquirol, illustrative and confirmatory of this position, one only of which in a condensed form, I may be allowed to introduce.

"A young surgeon, twenty years of age, of a sanguine temperament, of a haughty disposition, quick and passionate, loses his reason and regards himself as destined for great exploits. He treats his comrades with contempt, and yields himself up to acts of fury. He proceeds so far as to provoke his Colonel to a duel. His father, who had hastened from the country, is not recognized, is regarded with hatred and threatened with a thrust of his sword. This young man is committed to my care. His look is proud and threatening. His delirium is general, and his loquacity continual. His conversation is imperious, and his movements brusk and hesitating. He repulses

food with disdain. After an hour's isolation and great agitation, I approach the patient alone, seize him firmly by the arm, and oblige him to remain near me. 'Young man,' said I, 'you are to remain here some days; if you desire to be comfortable, be obliging and kind. If you choose to act like one deprived of the use of his reason, we shall treat you as we do the insane. You see these attendants: they are ordered to procure for you whatever you may ask for with composure and politeness. Otherwise they are to obey no one but myself.' "

"At the close of my remarks, which were listened to with impatient composure, I let go the arm of the patient, who continues to walk about at a rapid pace, but without noise. Whenever he becomes agitated and cries, *I have only to appear or make myself heard by him* and composure is restored."

The young man was restored to reason in the course of three months, and assured his physician, that notwithstanding his delirium, the words which were addressed to him soon after admission, were always present to his mind. Is it not apparent to every reflecting mind, that it is of vast importance that the superintending physician should be on the spot on such occasions, so as to be ready to subdue and tranquilize by his presence and address, where confinement and other harsh treatment would be otherwise most likely resorted to, only adding, as such treatment is calculated to do, additional force to the fury already raging to excess?

5. In cases of sudden and furious outbreaks, attendants are but too apt to have recourse to uncalled for measures of restraint and severity when not under the immediate surveillance of the superintendent. In such cases, too, some are likely to indulge in language and manners at variance with the spirit of kindness and good will, a course which should never be permitted to exist in the presence of the pitiable subjects of an insane asylum.

Paroxysms of fury are liable to occur at night as well as during the day, and it is desirable that the superintendent reside in the establishment, so that all cases which require it, may be promptly reported to him, to be disposed of according to his discretion and judg-

ment, and not left to the management of the ignorant, or to the tender mercies of the irritable and petulant attendants, prompted as they frequently are by motives of their own ease and comfort, rather than the good and well being of the unfortunate patient.

6. The character of the individual attendants should be fully known by the superintendent, in order that he may judge of their suitableness for the places they are required to occupy. Those who possess irritable and peevish dispositions, who are easily excited and apt to exhibit angry feelings, are utterly unfit to take care of the insane. Every one at all conversant with the nature of mental aberrations, can but be apprised of the injurious effects resulting from the abuse of the wretched sufferers from insanity by those who have them in charge. Now, unless the superintendent reside in the institution, so that he may frequently and carefully inspect for himself, the department of each subordinate connected with it, he will evidently be deprived of such facilities as he ought to possess, of determining satisfactorily the true character and disposition of those who are intended to execute his will.

From the foregoing considerations, with some others, perhaps, that might be mentioned, it would seem desirable that in the construction of public buildings for the insane, arrangements should be made for the accommodation of the superintendent and his family, so that he may dwell under the roof which shelters his unfortunate but interesting charge : and this policy the undersigned earnestly recommends to those who may be engaged in the philanthropic work of erecting them, as that which should be uniformly adopted.

J. M. HIGGINS.

ARTICLE VI.

THE BRAIN IS MODIFIED BY HABITS. By DR. FONERDEN, of the Maryland Hospital for the Insane.—*Read at the Annual Session of the Association of Medical Superintendents of American Institutions for the Insane, Boston, June, 1850.*

"The gradual perfection of the brain is marked by the separation of the white and grey nervous matter; by the introduction of longitudinal and transverse commissures bringing into connection its different parts; and by the development of those superficial inequalities known as convolutions, which, however tortuous and subdivided, are yet under the control of a fixed law, by which their number and course are regulated. The incomplete separation of the white and grey matter, errors in their due proportion, or the imperfect development of commissures, are always associated with impairment of function."—*Winslow's Psychological Journal.*

This is the language of anatomical and physiological science. It can not be comprehended by the readers of mere literature; yet it contains information, which all fathers, mothers and teachers ought to know. The substance of the paragraph, in simple words, is, that the brain does not always grow aright, and that when its proper growth is interfered with, there is an impairment of its use as an organ of the mind, that is, of the understanding and the will.

The text is a fit one for a volume; but the present writing shall be comprised in a few sentences.

The right growth of the brain in childhood is promoted or hindered by the habits which are formed in the nursery. Happy is that infant whose mother is its nurse; thrice happy, if the mother has faith in useful knowledge and applies it diligently to the gentle training of the bodily functions. The infant is an animal, born with the faculty of becoming rational. He may be so ignorantly managed that this glorious faculty will be almost extinguished; or he may have the blessed advantage of an infantile education which will lay the foundation of goodness, intelligence, usefulness and

every virtue, the active exercise of which is necessary to make a human being more and more rational in his progressive pilgrimage on earth.

It is not so necessary that a mother should know what others have to say of rules for the proper discipline of her little pupil, as it is that she should well understand the *end* which is ever to be kept in her mind as a ray of light from Heaven to guide her, namely,—so to take care of and prepare the corporeal habits of the child as to qualify the body to be a good instrument for the use of the mind. Nor is the mother to be left unaided in the nursery. The father's duties are as important, if not as uninterrupted as the mother's. Besides contributing his best thoughts to the service of the young being, to whom he has transmitted a share of his own mental and bodily qualities, he ought by *his* habits of affection and attention to aim to bend the instinctive and capricious habits of his offspring into harmony and order.

When both parents unite their endeavors to learn how to fulfill so noble an end, the way of improvement, in their knowledge of the details of what is to be done, is revealed to them as circumstances arise, by the Source of all Wisdom.

Every habit which a child acquires has its own natural effect on the brain, and modifies it for good or for ill. This is true from the earliest age of infancy. If the habits are allowed to be of spontaneous development, and to remain not directed, or not bent into order by the rational mind of an adult, then it must happen that these habits, being merely of an instinctive or animal nature, their influence on the germ-mind and brain will be to keep them in the state of animal mind and brain, and the faculty of becoming rational will be as it were covered in a grave.

Any thoughtful observer of what transpires in the conduct of young children may see a thousand illustrations of the principle that a habit affects a child's mind favorably or unfavorably. Notice a child's face-expression in any instance when the child is in the act of indulging a bad habit, however simple and harmless that habit may appear to be ; as, for example, sucking a thumb, biting the nails, or

twirling the hair with the fingers, and you will see a clear indication of a state of mind and brain very far from being as intellectual and beautiful as that always noticeable when the child is in an act proceeding from a good habit. If single acts are thus demonstrably attended with visible modifications of the influence flowing from the brain into the face, how plain is it that a succession of acts pertaining to a good habit, will give to the brain a permanent habit of order in its progressive formation, and in its functions, precisely in the ratio in which there is an absence of all wrong habits.

The principal portion of the decalogue is a warning to men not to practice sinful habits. For they debase the mind,—debase the brain,—and then the brain being thus debased, the mind becomes still more so, until the rational faculty falls into the insane and deadly embrace of the untamed animal propensities.

How to bend the habits of children into order is a science and art, to be thoroughly learned in the steady and rational experience only of a mind that is bending its own habits aright in obedience to the Divine Will.

ARTICLE VII.

MENTAL EMBARRASMENTS IN ORTHOGRAPHY, AS EXPERIENCED BY THE RELATOR, FROM HIS CHILDHOOD TO THE TWENTY-FIFTH YEAR OF HIS AGE.

[DR. FONERDEN, of the Maryland Hospital for the Insane, sends the following letter for publication, believing it may some day be found useful in illustrating psychological principles. The spelling, as it is in the original mss., is here copied:]

THURSDAY MORNING, January 17th, 1850.

DR. FONERDEN :—I wish to explain to you a strange mental weakness, to which I have been all my life a victim. At the age of seven or eight, I could read quite well, but shut the book and I could

not spell the smallest words. My aunt who instructed me, believing that it was obstinacy on my part, turned me over to my grandfather, and he having punished me severely gave me a column of words to commit by a certain time ; but alas, when the time had expired, I could not spell the first word, which was *urn*. Hour after hour and day after day was I compelled to study over this word ; but let me shut the book for ten minutes and I could not spell it right, except by chance, and to my utter mortification a little colored boy was called up to spell it for me, he having learned it from hearing it repeated to me so often. At last to such an extent was I persuaded on account of this word that I determined to run away ; so taking advantage of my grandfather's absence one day I started off, but after traveling some distance I was met by him as he was returning home, he having gone in a different direction from that which I supposed. After this there was nothing more said about *urn*, but I could see that I was looked upon as little better than a simpleton, and years afterwards grandfather kept me at home, whilst he expended hundreds on the education of my eldest sister, at the best boarding school in Wilmington, believing, as he would frequently tell me, that it was useless to expend money on a boy who could not spell a dozen words in the language. Now this peculiarity of my youth sticks by me still. When I went to sea, I took a dictionary, with the determination never to return home until I had learned to spell ; but it was of no use. If I had kept my resolve I should never have returned. The hours of study I have *wasted* in endeavoring to become a good spell-er would have given me a profession. For that which I read, if it excite any interest, becomes stamped upon my memory indelibly, with this single exception, that which I would learn I never forget. When I left school I wrote a very good hand, but spoiled it in endeavoring so to disguise the letters, that they might pass for what they should be, instead of what they were. I had occasion very recently, to direct a letter to my sister, but could not do so until I had looked over many books to find the name *Rachal*, which I could not spell. I have been puzzled to distinguish between the agative too and the preposition to, and between the article the and the pronoun thee.

Were I to write this over from memory a great majority of the words would be spelled differently.

It were a painful task for me to attempt to innumerate the many occasions on which I have been made to suffer the most bitter mortification on account of this misfortune. But your insight into character will enable you to form some estimate of what I must have endured. It was this that induced me to give up the business to which I was raised, and to go to sea, and has turned me aside from many things that I would have attempted, otherwise. The chief difficulty that I have to contend with is this; that when I write the most familiar words, and then ask myself are they spelt right, some juggling friend whispers in my ear many ways of spelling them, and and I become lost in a maze of doubt and conjecture. To no other than yourself would I make this humiliating confession; and only to you in the *faint* hope that you may suggest a remedy. If you can, all that you have done to develope my mind, and to strengthen my character, will be as nothing in comparison. Yours, truly, —

ARTICLE VIII.

PROCEEDINGS OF THE FIFTH ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

The Association of Medical Superintendents of American Institutions for the Insane, convened at the Tremont House in the city of Boston, on the 18th day of June, 1850, at 10 o'clock, A. M.; the President, Dr. WILLIAM M. AWL in the chair, and Dr. KIRKERIDE, Secretary.

Present, Dr. JAMES BATES, of the Maine Insane Hospital, Augusta.

Dr. ANDREW MCFARLAND, of the New Hampshire State Asylum, at Concord.

Dr. WILLIAM H. ROCKWELL, of the Vermont Asylum for the Insane, Brattleboro', Vt.

Dr. LUTHER V. BELL, of the McLean Asylum for the Insane at Summerville, Mass.

Dr. C. H. STEDMAN, of the Boston Lunatic Hospital.

Dr. EDWARD JARVIS, of the Dorechester (Mass.) Private Asylum.

Dr. GEORGE CHANDLER of the Massachusetts State Lunatic Hospital at Worcester.

Dr. N. CUTTER, of the Pepperill (Mass.) Private Institution.

Dr. ISAAC RAY, of the Butler Hospital for the Insane, at Providence, R. I.

Dr. JOHN S. BUTLER, of the Connecticut Retreat for the Insane at Hartford.

Dr. N. D. BENEDICT, of the New York State Lunatic Asylum, at Utica.

Dr. C. H. NICHOLS, of the Bloomingdale Asylum for the Insane, New York.

Dr. M. A. RANNEY, of the New York City Lunatic Asylum, on Blackwell's Island.

Dr. HENRY W. BUEL, of Sandford Hall, (Private Institution,) Flushing, N. Y.

Dr. H. A. BUTTOLPH, of the New Jersey State Lunatic Asylum, at Trenton.

Dr. THOMAS S. KIRKBRIDE, of the Pennsylvania Hospital for the Insane, at Philadelphia.

Dr. J. H. WORTHINGTON, of the Friends' Asylum for the Insane, at Frankford, Pa.

Dr. WILLIAM S. HAINES, of the Philadelphia Lunatic Hospital, Blockley.

Dr. JOHN FONERDEN, of the Maryland Hospital for the Insane, at Baltimore.

Dr. JOHN M. GALT, of the Eastern Asylum of Virginia, at Williamsburg.

Dr. WILLIAM M. AWL, of the Ohio Lunatic Asylum, at Columbus.

Dr. S. HANBURY SMITH, of the Ohio Lunatic Asylum, at Columbus.

Dr. R. J. PATTERSON, of the Indiana Hospital for the Insane, at Indianapolis.

Dr. J. M. HIGGINS, of the Illinois Hospital for the Insane, at Jacksonville.

Dr. EDWARD MEAD, of the Chicago Private Retreat for the Insane, (Illinois.)

The minutes of the last meeting having been read, the President announced in a feeling and appropriate address, the death of three members of the Association since its last meeting; Dr. Samuel B. Woodward, the first president of the Association, and formerly superintendent of the Massachusetts State Lunatic Hospital,—Dr. Amariah Brigham, Superintendent of the New York State Lunatic Asylum, and Vice President of the Association,—and Dr. McNairy, Superintendent of the Tennessee Hospital for the Insane.

The Secretary reported that, as instructed by the Association, he had invited the Boards of Trustees or Managers of all the institutions for the insane, in the United States and British Provinces, to attend its meetings, and had received letters in reply from the Boards of Managers of the Maine Insane Hospital, Massachusetts General Hospital, Boston Lunatic Hospital, Friends Asylum, Pa., Maryland Hospital and Eastern Asylum of Virginia. On motion of Dr. Bates, it was

Resolved, That each member of the Association be authorized to invite such gentlemen to attend its sessions as he may deem proper.

Dr. Bell stated that in consequence of a full and well written notice of the life and professional labors of our late associate, Dr. James Maedonald, of N. Y., having appeared in the American Journal of Insanity, he would suggest the adoption of that notice, instead of preparing another, specially for the use of the Association, which was approved.

The President stated that in obedience to the instructions of the Association, he had, soon after the last meeting, selected a subject for a report for each member, to all of whom due notice had been given, and from most of whom he had received answers accepting the duties assigned them.

An invitation from the Board of Trustees of the Boston Lunatic Hospital, to visit that institution, to-morrow at 4½ P. M., was read and accepted.

On motion of Dr. Bell, it was

Resolved, That in order to enable the members of the Association, while preparing the regular business that may come before the meeting, so to arrange their sessions as most satisfactorily to apportion their time, and be able to enjoy the hospitality that may be extended to them,—a business committee be appointed who shall at the commencement of each morning session, report the papers to be read, and other matters to be attended to during the day. Drs. Bell, Bates and Kirkbride, were appointed the committee.

On motion of Dr. Rockwell, it was

Resolved, That a committee of three be appointed to prepare names to fill any vacancies that may exist in the offices of the Association. Drs. Rockwell, Benedict and Kirkbride, were appointed the committee.

Dr. Rockwell, from the committee to fill vacancies in the offices of the Association, nominated Dr. Luther V. Bell, as Vice President, in place of Dr. A. Brigham, (deceased) which nomination was confirmed, and Dr. Bell duly elected Vice President of the Association.

An invitation from Drs. Cutter and Howe to visit their institution at Pepperill, Mass., was read, accepted, and referred to the business committee.

Dr. Stedman tendered to the members of the Association, in behalf of the Boston Society for Medical Improvement, an invitation to visit their cabinet also, and to visit the museum of the Medical College of Harvard University, which were accepted.

Dr. Jarvis tendered invitations to the members, in behalf of the Boston Museum of Natural History, the Boston Atheneum, and the Perkins Institution for the Blind, to visit those institutions, which were accepted.

Dr. Rockwell read a paper on the diet and dietetic regulations for the insane; which after discussion by the members generally, was laid upon the table.

A letter was received and read from the librarian of the Massa-

chusetts Historical Society, inviting the members of the Association to visit the Society's rooms during their stay in Boston, which was accepted.

Drs. Beek and Wing took seats with the Association as members of the Board of Managers of the New York State Lunatic Asylum.

Dr. Galt read a paper on the organization of Hospitals for the Insane, and Dr. Higgins on the subject of Resident Superintendents of Hospitals for the Insane. Then adjourned to 4 P. M.

AFTERNOON SESSION.

The Association met agreeably to adjournment.

The papers read by Drs. Galt and Higgins were called up for consideration, and the whole subject was fully discussed by the members generally, after which the reports were laid upon the table.

Dr. Bates read a report from the standing committee on the Medical Treatment of Insanity, which after discussion was laid upon the table.

An invitation from the librarian of the Boston Atheneum, for the members to visit the rooms during their stay in the city was read and accepted. On motion of Dr. Bates, adjourned to 9 A. M., tomorrow.

SECOND DAY—MORNING SESSION.

The Association met agreeably to adjournment. The minutes of yesterday's proceedings were read and adopted.

Dr. John R. Allen, of the Kentucky Lunatic Asylum, Dr. John Waddell, of the Provincial Lunatic Asylum at St. Johns, New Brunswick, and Dr. James Douglass of the Quebec (Canada) Lunatic Asylum, appeared and took their seats as members of the Association.

Charles Edward Cook and Otis Clapp, Esqrs., also took seats with the Association as members of the Board of Trustees of the Boston Lunatic Hospital. Dr. Kirkbride from the committee on business made a partial report, as required by the resolution of yesterday.

Dr. Ray read a report from the standing committee on the Medical Jurisprudence of Insanity, containing the project for a law regulating the legal relations of the insane, and which had been examined by, and received the sanction of, high judicial and legal author-

ity ; after the reading of the paper, on motion of Dr. Kirkbride, it was

Resolved, That the committee on business be instructed to have provided forthwith for the use of the members, one hundred copies of the foregoing project of a law, and that the same be made the order of the day for the first session of the Association to-morrow morning.

Dr. Bell from the committee on business made a full report on the objects to be attended to by the Association during the day.

Dr. Bell read a paper on the use of narcotics in the treatment of insanity ; after a full discussion of the subject by nearly all the members, the paper was laid upon the table.

Dr. Fonerden read a paper on the Modification of the Brain by Habits, which, after discussion, was laid upon the table.

On motion of Dr. Kirkbride, adjourned to meet at the Boston Lunatic Hospital, at 4½ o'clock P. M.

AFTERNOON SESSION.

The Association, after assembling, proceeded, under the guidance of Dr. Stedman and the Board of Trustees, to visit the Lunatic Hospital and other public institutions at South Boston.

After coming to order for business, Dr. Ranney read a paper on Insanity, as it occurs among the pauper emigrants at the Lunatic Asylum on Blackwell's Island, near New York. After discussion, the paper was laid on the table.

A letter was read from Dr. Fremont, informing the Association that a paper, prepared by him, in reference to the past and present condition of the Insane in Canada East, would be presented to, and read before the Association by his colleague, Dr. Douglass.

On motion of Dr. Galt, adjourned to meet at the Tremont House at 9 o'clock to-morrow morning.

THIRD DAY—MORNING SESSION.

The Association met agreeably to adjournment.

The minutes of yesterday's proceedings were read and adopted.

Dr. Kirkbride, on behalf of the business committee, *moved*, that the consideration of Dr. Ray's project of a law for regulating the legal relations of the Insane, which was made the order of the day for this morning, be deferred for the present, owing to the late period

at which the printed copies have been placed in the hands of the members, which motion was agreed to.

On motion of Dr. Allen, it was

Resolved, That His Hon. the Mayor of the city of Boston, be requested to furnish us, for publication, a report of his eloquent address, delivered at South Boston on last evening; and also, that the President of this Association be requested to furnish, for the same purpose, his appropriate address in reply.

Resolved, That the Secretary furnish each of the above named gentlemen with a copy of the preceding resolution.

An invitation to visit the University of Cambridge, and the Observatory, was received and accepted for 11 o'clock to-morrow.

An invitation from the Mayor and public authorities of the city of Boston, asking the members of the Association to visit the Harbor and Bay, and to inspect the public institutions in the vicinity, to-morrow afternoon, was received and accepted.

The Association, on motion of Dr. Bell, resolved to visit the Massachusetts General Hospital, on the invitation of Dr. Hayward, at 3½ o'clock, and the M'Lean Asylum for the Insane, on his own invitation, at 4½ o'clock this afternoon.

Dr. Galt read a paper on the Medico-legal relations of the Insane, the discussion on which, on motion of Dr. Bates, was deferred till the project of a law, prepared by Dr. Ray, shall come up for consideration.

Dr. Worthington read a paper on the use of baths in the treatment of Insanity, which, after discussion, was laid upon the table.

Dr. Kirkbride, from the standing committee on the Construction of Hospitals for the Insane, read a report on that subject, which, after discussion, was laid upon the table.

On motion of Dr. Ray, it was

Resolved, That the standing committee on the Construction of Hospitals for the Insane, be requested, previous to the next meeting of the Association, to prepare a series of resolutions or propositions, affirming the well ascertained opinions of this body, in reference to the fundamental principles which should regulate the erection and internal arrangements of American Hospitals for the Insane.

Dr. Jarvis commenced reading a paper on the Comparative Frequency, Curability and Mortality of Insanity in the two sexes; after proceeding for some time, on motion of Dr. Bell, the further reading of the paper was deferred till the next session.

On motion of Dr. Allen, adjourned to meet at the M'Lean Asylum, at 4½ o'clock P. M.

AFTERNOON SESSION.

Having previously visited the Massachusetts General Hospital, the Association met agreeably to adjournment, at the M'Lean Asylum, under the care of Dr. Bell, and guided by whom, they visited and examined the different parts of that excellent institution.

Having come to order for business, Dr. Jarvis concluded the reading of his paper, commenced this morning, which, after discussion, was laid upon the table.

Dr. Bell, after referring to a paper read by him, before the Association last year, relative to a somewhat peculiar form of mental disease, moved that a committee, consisting of Drs. Ayl, Kirkbride and Douglass, be appointed to visit a case of the disease then under his care in the Asylum, and to report the result of their observations, which was agreed to.

The committee having examined the patient, reported, that it was a well marked case of the form of disease alluded to, and although not often seen in institutions in the interior, is frequently met with in those near large cities, where cases manifesting much mental disturbance are commonly sent at once to a Hospital for the Insane.

On motion of Dr. Ray, adjourned to meet at the Tremont House, at 8 o'clock to-morrow morning.

FOURTH DAY—MORNING SESSION.

The Association met agreeably to adjournment.

The minutes of yesterday's proceedings were read and adopted.

Dr. Bell, from the committee on Business, made the usual report as to the proceedings of the day.

Dr. Douglass read a paper prepared by his colleague, Dr. Fremont, on the past and present condition of the Insane in Canada East. After discussion, the paper was laid upon the table.

Dr. Galt read a paper on Water Closets, which, after discussion, was laid upon the table.

The Association then proceeded to the consideration of the project of a law regulating the legal relations of the Insane, and after a full discussion the further consideration of the subject was postponed until the next session.

On motion of Dr. Bates, adjourned to meet at 9 P. M.

EVENING SESSION.

After visiting the University of Cambridge, and the Observatory, the Association passed the afternoon as the guests of the Corporation and authorities of the city of Boston, in an excursion down the Harbor and Bay, in examining the public institutions in that vicinity, and in partaking of the sumptuous hospitality provided on the occasion, and then met for the transaction of business, agreeably to adjournment.

Dr. Bell offered the following resolutions, which were unanimously adopted, viz :

Resolved, That this Association has felt, beyond the power of adequate expression, the profound solemnity, which has been thrown around us, on occasion of its present meeting, by the loss of two of its members so prominent in the history of its organization, as well as in the records of the provision for the insane in this country, and with still more sensibility, in view of the exalted personal worth, the amiable, cheerful and communicative manners, and pure, self-sacrificing lives of the deceased.

Resolved, That the deep and general regret which filled the mind of the whole philanthropic community, of an entire section of country and circles where they were best known, uttered in a thousand forms of expression, leaves us in no doubt that their virtues, merits and devotion to great public duties have been appreciated, in a degree commensurate with their just claims, and leaving neither place nor necessity for any long drawn eulogium.

Resolved, That notwithstanding the full justice which has been done to the public and private character of our distinguished friends, we still feel that the members of this Association, more intimately

and fully acquainted with their peculiar traits of service and sacrifice in our speciality, ought not to be satisfied without a more particular testimonial of our feelings and opinions, as to our deceased brothers; we therefore earnestly and respectfully request, that Dr. Chandler would prepare for the next meeting of the Association, a Biographical sketch of the late Dr. Woodward, and that Dr. Nichols perform the same duty as regards the late Dr. Brigham.

On motion of Dr. Kirkbride, it was

Resolved, That Dr. Allen be requested to prepare an obituary notice of our late fellow member, Dr. McNairy, of the Tennessee Hospital for the Insane.

On motion of Dr. Bell, it was

Resolved, That the same course be adopted in reference to papers to be read before the Association at its next meeting, as was agreed upon last year.

On motion of Dr. Allen, it was

Resolved, That this Association regard with deep interest, the progress of the magnificent project, which has been and continues to be urged by Miss D. L. Dix, on the consideration of Congress, proposing the grant of a portion of the public domain, by the Federal Government, the proceeds of which are to be devoted to the endowment of the public charities throughout the country, and that it meets with our unqualified sanction.

The subject of a project for a law regulating the legal relations of the insane, being again under consideration, on motion of Dr. Bell, it was

Resolved, That the same be recommitted, and that the committee report to the next annual meeting.

On motion of Dr. Allen, it was

Resolved, That a committee be appointed to prepare resolutions of thanks to the various public bodies and institutions, official and private citizens, to whom the members of the Association have been indebted for so much of the pleasure of this very gratifying visit to Boston. Drs. Allen, Kirkbride and Benedict, were appointed the committee.

Dr. Kirkbride tendered to the Association an invitation to hold its

next meeting in the city of Philadelphia, when on motion of Dr. Bell, it was

Resolved, That when the Association adjourns, it will adjourn to meet in the city of Philadelphia, on the third Monday of May, 1851, at 10 o'clock, A. M.

On motion of Dr. Bates, adjourned to meet at 8 o'clock to-morrow morning.

FIFTH DAY—MORNING SESSION.

The Association met agreeably to adjournment.

The minutes of yesterday's proceedings were read and adopted.

Dr. Kirkbride offered the following resolution, which was unanimously adopted, viz :

Resolved, That the members of this Association have visited and examined, with great interest and satisfaction, the McLean Asylum for the Insane, under the care of Dr. Bell, and the Boston Lunatic Hospital, under the care of Dr. Stedman, and desire to express to these gentlemen our sincere thanks for their marked courtesy and attention, for their bountiful hospitality, and for their steady and unwearied efforts to promote our comfort and pleasure during our very gratifying visit to the city of Boston.

Dr. Allen, from the committee appointed last evening, reported the following series of resolutions which were unanimously adopted, viz :

Resolved, That the grateful acknowledgements of this Association be tendered to the mayor, common council and the citizens of Boston, for the flattering reception we have met at their hands, and their lavish hospitalities which have been tendered to, and enjoyed by us, and for the pleasure afforded us in a general examination of the public institutions under their control.

Resolved, That our thanks are due to the Trustees of the public institutions of South Boston for polite attention and liberal hospitalities during our visit to their institutions, and to the trustees of the Massachusetts General Hospital, for similar kindness and attention.

Resolved, That our thanks are also due to Drs. Hayward and Townsend, Surgeons, and Mr. R. Girdler, Superintendent of the Mas-

sachusetts General Hospital ; to Messrs. Harris and Sibley, Librarians, and other officers of Harvard University, and to the Messrs. Bond, of the Observatory, for attentions while visiting the institution under their charge ; and to the officers of the Boston Society for Medical Improvement, Boston Museum of Natural History, Massachusetts Historical Society, Boston Atheneum, and Perkins' Institution for the Blind, for invitations to visit their several institutions, and to the Rev. Lewis Dwight for valuable documents and other attentions.

Resolved, That our acknowledgments are due to Messrs. Tucker and Parker, the proprietors of the Tremont House, for the ample and elegant accommodations they have afforded us without charge, for the transaction of the business of the Association.

Resolved, That the Secretary be requested to furnish his Honor, the Mayor of Boston, with a copy of the preceding resolutions.

On motion of Dr. Allen, it was

Resolved, That the thanks of this Association be tendered to the President, for his able and impartial administration of his arduous duties, and to the Secretary for his efficient discharge of the laborious functions of his office.

The Treasurer reported, that, after paying all the demands against the Association, there remained a balance of twenty-three cents in his hands.

On motion of Dr. Stedman, it was

Resolved, That the Secretary be instructed to furnish a copy of the proceedings of the Association, to the Editor of the American Journal of Insanity, and to the editors of the various medical journals in the United States and Canada, for publication in their respective periodicals.

On motion of Dr. Smith, it was

Resolved, That a committee of three be appointed by the chair, whose duty it shall be to take into consideration the whole subject of publishing, and to report their views to the Association at its next meeting. Drs. Smith, Allen, and Kirkbride were appointed the committee.

On motion of Dr. Benedict, adjourned to meet in the city of Philadelphia, on the third monday of May, 1851, at 10 o'clock, A. M.

THOMAS S. KIRKBRIDE, Sec'y.

SELECTIONS.

EXTRACTS from a Manuscript work by DR. ENOS STEVENS, *Examining Agent for the Massachusetts Commissioners for the Prevention and Cure of Idiocy, and from which quotations are given in the Boston Med. Surg. Journal, vol 41.*

USE OF OPIUM IN CHILDHOOD.

"At Cambridge Poor House, there are three well formed and strong brothers, whose names are Joseph Cox, 23 years old, George Cox, 20, and William Cox, 18. These are all the children their mother had. Their father was a respectable mechanic, and has a very intelligent child by a second wife. The mother of these idiotic boys was a most devotedly benevolent woman, who often took narcotic drugs, and went out whole days and nights to visit and assist the sick among her neighbors; leaving her own children all put asleep by laudanum, (which is wine and opium.) Every day when they cried, and every time she wished to go out, she put them all asleep with laudanum. At length their whole organization assimilated to such a state of body and mind, and they have grown up to the size of manhood, with the avenues of their brains practically closed by drugs; so that they have merely infantile powers of mind, and strength of bodies."

PROCURING ABORTION.

"Among the 240 Idiots described by the Commissioners to the Legislature of Massachusetts, seven seem to have been made so by their mothers trying to procure abortion by using very powerful drugs. Although these unborn children were not thus quite killed, yet they were irrecoverably stupefied and mal-formed to the lowest degrees of both mental and animal idiocy and weakness. Indeed, these children remain glaring, crawling and howling personifications of crime, misery and a long continued corruption and death. In some of these cases, the health of the women was ruined for the remainder of their lives, and they ever after continued to bring forth idiots, mal-formations and invalids. Yet one woman, the mother of the very lowest of these seven idiots, communicated all her drugs to her unwedlocked child, so that her legitimate children are all living, well and intelligent."

Sir Samuel Romilly, all fond of the French as he was, and who derived his origin from France, has recorded in his diary that the owner of the house where he lodged in 1790, being a National Guard, was astonished and even somewhat indignant, that his lodger had not observed him at the review of 40,000 or 50,000 National Guards. "Comment vous n'avez pas vû? Tout Paris m'a vû sous les armes." *Law Review*, May, 1850, page 5.

What if this had been said within a Lunatic Asylum?

The Austrian *Correspondent* says: "A melancholy phenomenon, which always follows in the train of great political commotions, is at present manifested among us. It is the extraordinary number of cases of mental alienations,—not a week passes in which several persons in the capital are not seized with the terrible malady. The number of cases in the hospital for the Insane at Vienna, (which before the Revolution averaged from 150 to 250,) is, at this time, 980, nearly all persons from the age of 20 to 35 years, that is to say, at that period of life when the passions are the strongest." *Atlas (London) Newspaper*, May 18, 1850.

DOMESTIC SUMMARY.

After some delay, incident to the novelty of our situation, we are enabled to present to our readers the first number of the present volume. The contributions, it will be perceived, consist principally of papers read at the recent meeting of the Association of Medical Superintendents of American Institutions for the Insane, at Boston, and an official account of their proceedings as furnished by the Secretary, Dr. Kirkbride. We are also indebted to the last gentleman for a communication of the late Dr. Woodward, made to a former meeting. This paper, embodying the results of the experience of one of the oldest of American Superintendents, deserves to be preserved for reference and instruction.

It is scarcely necessary to repeat, what indeed is customary with all societies, that the communications presented and read at the

meetings of "American Superintendents" are to be considered as the facts and opinions of the authors only, and that the Association, as such, is not to be deemed responsible for them.

SANDFORD HALL, (FLUSHING, LONG ISLAND.)

Our readers are aware that this establishment was formerly conducted by the lamented Dr. James McDonald. We are happy to learn that it is still open for the reception of the insane, under the direction of Gen. ALLEN McDONALD, brother of the deceased, who indeed has been associated with him from its commencement. Henry W. Buel, M. D., late Resident Surgeon in the New York Hospital, "a gentleman highly esteemed in his profession, of great purity of character, and well fitted for the charge," is the Resident Physician. Benjamin Ogden, M. D., of New York, who, for some years, was physician to the Bloomingdale Asylum, and who has had much experience in this branch of the profession, acts as Advising and Consulting Physician.

We had the pleasure of attending for a brief time, the Annual Meeting of the Superintendents at Boston, and of listening to the valuable papers read. Not the least instructive portion of their proceedings were the comments, made in succession, by each member on the subject matter discussed in these papers, and we bear our cheerful testimony to the ability and intimate knowledge displayed by them. We had intended to prepare somewhat of an abstract of these from an excellent report, published in the "Boston Traveller" newspaper, but our want of space renders it necessary to postpone this until the next number.

We can not however omit to state that Dr. Ray, in connection with the paper read by him on the "Medical Jurisprudence of the Insane," submitted for consideration the following

PROJECT OF A LAW REGULATING THE LEGAL RELATIONS OF THE INSANE.

§ 1. Insane persons may be placed in a hospital for the insane, by their legal guardians, by their relatives or friends in case they have no guardians, and, if paupers, by the proper authorities of the towns

or cities to which they are chargeable, but in all cases according to the rules made for the admission of persons into such hospitals.

2. Insane persons may be placed in a hospital by order of any justice of the peace and of the quorum who, after proper inquisition, shall find that such persons are at large, and dangerous to themselves or others.

3. Insane persons may be placed in a hospital by order of any justice of a law-court, after the following course of proceedings, viz : on statement in writing of any respectable person, that a certain person is insane and that the welfare of himself or others requires his restraint, it shall be the duty of such justice to appoint immediately a commission who shall inquire into and report upon the facts of the case, expressing an opinion either for or against the contemplated confinement. If the former, the justice shall issue his warrant for such disposition of the insane person as will secure the objects of the measure.

4. The commission provided for in the last section shall be composed of not less than four, nor more than six persons, one of whom, at least, shall be a physician, and another a lawyer. In their inquisition they shall hear such evidence as may be offered touching the merits of the case, as well as the statements of the party complained of, or of his counsel. The party shall have seasonable notice of the proceedings, and the justice is authorized to have him placed in suitable custody while the inquisition is pending.

5. On a written statement being addressed by some respectable person to any justice of a law court, that a certain person then confined in a hospital for the insane, is not insane and is thus unjustly deprived of his liberty, the justice shall appoint a commission of four persons, one of whom, at least, shall be a physician, and another a lawyer, who shall hear such evidence as may be offered touching the merits of the case, but without summoning the party to meet them, shall have a personal interview with him, so managed as to prevent him, if possible, from suspecting its objects. They shall report their proceedings to the judge, and if in their opinion, the party is not insane, the judge shall issue an order for his discharge.

6. The commission provided for in the last section, shall not be repeated, in regard to the same party, oftener than once in six months ; and in regard to those confined under the third section, such commission shall not be appointed within the first six months of their confinement.

7. Persons confined in a hospital under the first section of this act, may be removed therefrom, by the party that placed them in it.

8. Persons confined in a hospital under the second section of this act, may be discharged by the order of a magistrate, on recognizance being entered into by competent authority, that the party shall not be suffered to be at large until recovered from his disorder.

9. On statement in writing being addressed to a justice of a law-court by some friend of the party, that a certain person confined in a hospital under the third section, is losing his bodily health, and that his own comfort would consequently be promoted by his discharge, or that his mental disease has so far changed its character as to render his farther confinement unnecessary, the judge shall make suitable inquiry into the merits of the case, and according to its result, he may or may not order the discharge of the party.

10. Persons confined in any hospital for the insane may be removed therefrom, by parties who have become responsible for the payment of their expenses; provided that such obligation is the result of their own free act and accord and not of the operation of the law, and that its terms require the removal of the patient in order to avoid farther responsibility.

11. Superintendents of hospitals for the insane shall receive no person into their custody, without a certificate of insanity from some regular physician, and a written request from some one authorized to make it.

12. Insane persons shall not be made responsible for criminal acts in a criminal suit, unless such acts shall be proved not to have been the result, directly, nor indirectly, of insanity.

13. Insane persons shall not be tried for any criminal act, during the existence of their insanity; and for settling this issue one of the judges of the court by which the party is to be tried, shall appoint a commission consisting of four persons, one of whom, at least, shall be a physician, who shall examine the prisoner, hear the evidence that may be offered touching the case, and report their proceedings, to the judge, with their opinion respecting his mental condition. If it be their opinion that he is not insane, he shall be brought to trial; but if they consider him insane, or, are in doubt respecting his mental condition, the judge shall order him to be confined in some hospital for the insane, or some other place favorable for a scientific observation of his mental condition. The person to whose custody he may be committed, shall report to the judge respecting his mental condition, previous to the next term of the court, and if such report should not be satisfactory, the judge shall appoint a commission of enquiry, in the manner just mentioned, whose opinion shall be followed by the same proceedings as in the first instance.

14. Any person in confinement waiting trial for crime, shall be examined by a commission appointed and constituted as in the last section, by any judge of the court by which he is to be tried, when satisfied that there are reasonable grounds for suspecting the prisoner to be insane, and the report of the commission shall be followed by the same proceedings as in the last section.

15. Whenever any person shall be acquitted in a criminal suit, on the ground of insanity, the jury shall declare this fact in their verdict,

and the court shall order the prisoner to be committed to some place of confinement, from which he may be discharged under the provisions of the fifth section.

16. Application for the guardianship of an insane person shall be made to the judge of probate, who, after a hearing of the parties, shall grant the measure, if satisfied that the person is insane and incapable of managing his affairs discreetly. Seasonable notice shall be given to the person who is the object of the measure, if at large, or if under restraint, to those having charge of him, but his presence in court may be dispensed with, if in the opinion of a regular physician, it would probably be detrimental to his mental or bodily health. The removal of the guardianship shall be subjected to the same mode of procedure, as its appointment.

17. Insane persons shall be made responsible in a civil suit, for any injury they may commit upon the persons or property of others, reference being had, in regard to the amount of damages, to the pecuniary means of both parties, to the provocation sustained by the defendant, and any other circumstance which, in a criminal suit, would furnish ground for mitigation of punishment.

18. The contracts and other civil acts of the insane shall not be valid, unless it can be shown either that such acts were for articles of necessity or comfort suitable to the condition and means of the party, or that the other party had no reason to suspect the existence of any mental impairment, and that the transaction exhibited no marks of unfair advantage.

19. When the mental condition of a testator is rendered doubtful, though not shown to have been unequivocally insane, nevertheless the testamentary act shall be admitted to probate, if it appear to be a rational act rationally done.

For the next number, (which will be issued promptly,) we have on hand communications read by Dr. Bates of Maine, Dr. Jarvis and Dr. Worthington. Drs. Kirkbride and Fonerden, also, kindly promise communications.

We have received a number of the Annual Reports of Asylums, which we shall analyze; and also various publications of interest connected with the subject of insanity.

Dr. T. Hanbury Smith has been appointed Superintendent of the Ohio State Lunatic Asylum, in the room of Dr. Wm. M. Aul, resigned. The long and faithful services of the latter deserve the thanks of every friend of suffering humanity.

AMERICAN
JOURNAL OF INSANITY,
FOR OCTOBER, 1850.

ARTICLE I.

REPORT ON THE MEDICAL TREATMENT OF
INSANITY, AND THE DISEASES MOST FRE-
QUENTLY ACCOMPANYING IT. BY JAMES
BATES, Physician and Superintendent of the Maine
Hospital.—*Read before the Association of Medical Super-
intendents of American Institutions for the Insane, June 18,*
1850.

Were I to write an essay for the student, some mode of classification would be deemed indispensable.

The various forms of disease, the different organs to be acted on, or the classes of remedial agents to be had in requisition, would form convenient modes of arrangement, to assist the understanding and the memory.

But to a class of gentlemen who have spent their adult lives in the midst of disease, only general remarks may be made, avoiding chapter and verse, grains, scruples and drachms.

The medical treatment of insanity, at the present day,
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is far from being uniform among well informed medical men, though sufficiently so for all useful purposes, with that branch of the profession who have made the treatment of the insane the principal field of their labors.

When, however, we contrast the practice of the present, with that of the preceding century, the difference in the medical, is scarcely less than in the moral treatment of the insane.

It is, I believe, everywhere admitted by educated physicians, that the *medical*, as well as every other curative indication in the treatment of insane persons, is a problem to be solved by an investigation of each individual case.

To lay down distinct and specific rules for the management of the various phenomena exhibited by insane people, of all ages, sexes, and temperaments ; modified by instincts, propensities, sentiments, intellect and habits, embracing every form of the malady, is a labor which never has been, and probably never will be satisfactorily accomplished.

The task is not simplified by the various and often discordant, opinions which exist, and have heretofore influenced the profession, in relation to the pathological condition of the organ or organs, on which the instincts, propensities, sentiments and intellect depend for their normal or abnormal manifestations.

No man can prescribe understandingly in a single case, much less lay down general principles of practice for himself, or the guidance of others, without notions more or less satisfactory to himself, at least, of the morbid condition of the organs he wishes to affect by his remedies.

Special physicians are very minute in their inquiries into the causes which have produced the mental troubles they have to investigate ; whether they have been phys-

ical or moral, or both; whether *primary* as affecting the brain and nervous system without the agency of other organs; or *secondary*, as having originated in disordered action of the latter, disturbing the operations of the sensorium through the medium of the nervous or other communications.

All this is well and useful, though it should happen that precisely the same pathological changes have been produced by the one class of causes as by the other.

To understand myself, and to be in any good degree understood by others, as to the objects to be accomplished by the medical treatment of the insane, it is proper that I say something of what I conceive always to exist in the brain at the time insanity, properly so called, commences.

Whatever may take place afterwards, I believe no case of prolonged aberration of the affections and intellect manifests itself without the existence of irritation.

Whether it is caused by super-excitation of external or internal, physical or moral agents, directly; or by the absence or exhaustion of the amount of excitation necessary to healthy action, indirectly, I believe the *primary* forms of insanity never exist without it.

Undoubtedly this may be followed by inflammation more or less active, by which both the disease and the appropriate remedies will be essentially modified.

Whether this condition is less frequent than formerly, may not be easy to determine; for some cause the treatment has undergone a great change.

If remedies, relied on, as late as the beginning of the present century, for combatting the inflammation, supposed to exist in almost every case of acute mania, were as freely resorted to, I think we should not be greatly flattered with *our* success, whatever may have been *that* of our predecessors.

I may hazard the opinion, that physical and moral changes have gradually pervaded whole communities, whereby the brain and nervous system have become more frequently the seat of diseased action than formerly, giving rise to a more marked and rapid prostration of the physical and vital forces, exhibiting more frequently mental troubles, requiring, not only in insanity, but in most grave diseases, greater caution in the use of active, depleting remedies.

Possibly, these circumstances, added to the fact, that most persons admitted to institutions for the insane, have already passed the most vigorous stage of vascular action, may have a tendency to lead to conclusions and a practice apparently *ultra*, so far as depletion is concerned, in our hospitals for the reception and treatment of this unfortunate class of sufferers.

So far as I am advised, there does not remain, anywhere, the mode of practice formerly pursued at Bethlehem, and other hospitals, of bleeding all the *curable* patients on the first of June and last of July; enabling one physician to say, "that although he had bled one hundred and fifty in a day, he had not seen a single accident follow." Nor do I believe the man is living, who, like Dr. Rush, would order the abstraction of 470 ounces of blood at 47 bleedings in ten months; nor like Plater, direct 70 bleedings in 70 weeks. Nor do I think the administration of cathartics and emetics at stated seasons of the year, anywhere finds countenance at this day.

Few, if any, in our time, would let blood "because the contents of the cranial cavity had not the same facilities for relieving itself of fluid turgescence as have those of the other great cavities." Nor should we much fear that *local*, practiced previously to general bleeding, would be dangerous, by inviting an increased flow to a debilitated organ.

Fifty years since a physician who should manage a case, in which there was evidence of congestion in the vessels of the brain to such a degree as to produce long continued insensibility, without general or local blood-letting, or both, would have been considered little less than a madman or a fool. There may be localities where he would be thought so now.

It is peculiarly unfortunate for the practitioner in medicine, that he is compelled to select one of the two or more pathways which seem to lead in varied directions, to the same point. Could all be followed at once, it would be easy to strike the balance, and to arrive at a degree of certainty, approaching that of an axiom. Only one selection is properly at our disposal, and our decision must be made in each case by the aid of the best analogical information in our possession.

I confess to having repeatedly occupied a most anxious position, in such cases, (in one instance during eight days,) watching the recuperative action of nature, aided by such external and internal applications as could be administered, without the volitions or consciousness of the subjects.

Perhaps it will be said, I should have been more uniformly successful had I added to my remedial agents the abstraction of blood.

This is the very point on which I desire proof, wishing most religiously to pursue the best mode possible.

It cannot be doubted, that there are cases, perhaps more than some of us imagine, in which, if we saw them in their stage of most active vascular action, we should resort to depleting and antiphlogistic remedies entirely beyond what is customary with us now.

At the risk of being considered ultra, (for which I have certainly no ambition,) truth compels me to say, the most

of the blood-letting my patients have undergone, since I had the care of an institution, has been practised on themselves. Some of the cases seemed as likely to be benefitted by it as any I could have selected, but I have known no good to result from their bold operations.

Nor will my experience coincide with that of Mayo on this subject, viz: that *dementia* is *not* the result of the practice.

I have not doubted that several cases have come to me, in which acute dementia had been produced by abstraction of blood, and that recoveries, if they took place, had been delayed months by this cause.

In cases where natural or abnormal evacuations are suppressed, a judicious use of cups or leeches, may not only assist in restoring them, but in relieving the nervous irritation arising from their absence.

Both these modes of abstracting blood are often either offensive or frightful to our people, and care should be taken, that injury from this cause does not outweigh the benefit.

Many of the observations on blood-letting are applicable to depletion by drastic purgatives, but probably not to the same extent.

From the first history of the medical treatment of the insane, until recently, drastic purgatives have been extolled, especially in melancholia and hypochondriasis.

Their use latterly has been mostly confined to cases in which the disease is not only recent, but exhibiting symptoms unequivocally requiring antiphlogistic treatment, beyond what could be accomplished by the use of milder means, or a state of constipation which has resisted milder methods—I may add to such cases, perhaps, the class of persons who evidently need the evacuation of the first passages, and who resist all our efforts to ad-

minister the requisite medicines in their usual forms, when we feel called on to administer secretly, in a concentrated form, an efficient purgative.

Those who have had much experience, will not need to be told that extreme caution is required in certain persons at all seasons, and all persons at some seasons, lest diarrhoeas, not easily controlled, follow the use of strong cathartics.

In most cases, the exhibition of mild preparations of mercury followed by common aperient medicines, is much more judicious than giving those of a more debilitating class.

I do not know that the hellebore is now much in use—the Croton oil seems well adapted to our use when an active medicine is required in a concentrated form, and when formed into a pill with powdered nutmeg or other mild aromatic, may be so divided as to be as safe in its action as any simple laxative in use.

The compound Colocynth pill and the common infusion of senna and anise, with sulph. of Magnesia, are medicines in daily use with such patients as require their action.

There is an inactive state of the first passages which indicates a kind of paralytic state of the muscular coat of the organs. In these cases, whether the persons be insane or not, the use of nux vomica compounded with aloes, rhubarb, or other mild cathartic drug, in small doses, steadily persevered in, will often overcome cases of obstinate constipation.

As I have prescribed to myself no particular arrangement to be adhered to, I may as well speak of other states of these organs, which sometimes tax all our skill, and occasionally bid defiance to our best directed efforts.

From the effect of our own remedies, the peculiarities

of the season, or the state of the individual, we are frequently called on to treat troublesome, and sometimes incurable cases of diarrhœa. On two or three accounts the insane are more difficult to treat than the sane. The state of the nervous system seems to render the local affection more grave—the general restlessness renders the adjustment of external applications, and even proper covering, difficult, if not impossible, and our internal remedies, however we may direct their administration, are rendered irregular and uncertain.

With due weight given to exceptions like these, there is nothing very peculiar in the treatment of this affection in the insane. Every attention should be paid to sustain an equal and natural heat on the surface, and as vigorous capillary action as may be—a duty as difficult to accomplish, as important to the well-being of the patient.

The application of external heat, wet or dry, frictions and concentrated stimulants to the skin, locally or generally, should constitute our first efforts. They may be aided, but never superseded, by appropriate internal remedies. Alteratives, opiates, astringents, stimulants, and tonics, all have their proper time and place, in the course of treatment. There are cases which seem to have arrived near a fatal termination, in which spirits of turpentine both internally and externally, combined with anodynes, have appeared to give a favorable change to the action of the mucous membrane and the glands connected with it. To all of us the various modes of moderating the effect of the most exciting remedies, by judicious combinations, are too familiar to require further remarks.

The most formidable disease of this class of organs, which has come under my care, I shall take the liberty to call *Asthenic Colonitis*. This affection which has its seat

high up in the large intestines mostly, has been fatal in many locations in families, and not less so in some of our hospitals for the insane. It has been epidemic at the season when bowel complaints are usually most prevalent.

In our institutions for the insane it has chiefly attacked those whose physical energies had been diminished by protracted disease, and many such have fallen victims to it.

The disease is not attended with the same degree of pain, vascular action or febrile heat, usually present in dysentery. The discharges from the bowels are generally frequent and abundant; at first resembling newly made soft soap, more or less streaked or tinged with blood. In its progress, the blood is no more seen, but a sort of muco-purulent fluid in great quantities is voided day after day. The odor is peculiar, and not like that from epidemic dysentery, as usually encountered.

Anodynes, alteratives, astringents with lavements of laudanum and solution of tannic acid were with us often powerless to arrest the progress of the disease. If any prescription was better than others, it was the free use of Laudanum, Bals. Copaiva and mucilage.

No disease can require greater vigilance as to the application of external and internal means. No precaution of cleanliness produced even a tolerable state of purity in clothing and rooms without the aid of chlorine gas.

An apology may be necessary for speaking of affections not necessarily connected with insanity.

It is not easy to treat a malady considered by many as only a *symptom* of peculiar troubles in physical organs, without remarks on the occasional affections which often accompany and influence these troubles, or are modified by them. These combined circumstances call for more

care and caution, as to the quantity and quality of remedial agents, than in cases where the symptom of insanity does not exist.

The remarks to be made will relate more exclusively to the medical treatment of the organs laboring under that peculiar physical derangement manifested chiefly by mental aberration.

The classes of agents mostly in use for this purpose are alteratives, calmants, and tonics. The first class is required for the same purposes and under the same circumstances as in cases where all the other symptoms existed without the insanity.

When I speak of alteratives, I allude to the moderate use of mercurials and other medicines considered, as having a tendency to restore deficient secretions or to correct such as are vitiated in quality. I can speak of the Extract of Conium, in its most efficient form, as entitled to no other credit than as an alterative, nor can I speak highly of it as such.* I am inclined to think some of us still use it, as much out of respect to the testimony of respected names, and because of the rather convenient form of its compounds for administering tonics, as from any conviction of its value as a narcotic.

To my mind it is rather an innocent affair, for one which has been so much extolled, and in cases where an expectant course is deemed advisable, I know of few drugs which may be more safely trusted as a placebo. I have not seen apparent injury from it, and must leave it to others to testify to the good it does.

The whole class of narcotics, has been had in requisi-

* The writer is aware that many of his friends have a decided conviction that Conium is calculated to produce valuable sedative effects on the system. He believes also that the medicine in very large doses in neuralgia and spasmodic affections often produces happy results.

tion, and though each variety may come in, alone or in combination, for certain constitutional peculiarities or states of the system, one alone maintains its general superiority above every, and all others.

Although opium is not suited to all constitutions, nor to any individual case at all times, it has, when the system is properly prepared for its exhibition, maintained its superiority for ages past as a narcotic, and probably is destined to, for ages to come.

In the early stage of maniacal disease, the irritation and vascular action are such, that opium in any of its forms seems rather to increase than to allay excitement. But when this irritation is moderated and the vascular action somewhat equalized and diminished, by the well directed use of baths, antimony and saline draughts, some of the *salts* of opium or other *compounds*, in which the article forms the most active agent, may usually be safely and advantageously administered.

In chronic cases we have no need of these preliminary precautions in most instances, and frequently find benefit in adding to our opiate some active stimulant, as camphor, ether, &c. From a wish to find a substitute for this drug, in cases of extreme watchfulness, and in some measure influenced by the recommendations of others, I have administered almost every combination which has acquired credit with the faculty, such as the camphor, sulph. ether and infusion of hop, Hoffman's Anodyne, hyoseyamus, stramonium, belladonna, ex. of valerian, by displacement, Brigham's mixture, &c. It is not unlikely that the cases and periods have been injudiciously selected, but I have rarely found a benefit from their use which would not be more certainly realized by an equivalent, so to speak, of opium.

Undoubtedly there are constitutions and stages, in

which some of these would be tolerated, not only, but do good, where opiates would not. I think the necessity for a quieting medicine, in a case of insanity must be very slight, in which any of these remedies would answer the requisition. I fear the extensive use made of similar appliances in the medical world, is more a matter of routine than of judicious reflection and discrimination.

May we not frequently give credit to a long continued use of inefficient medicines, which is due to time and the recuperative efforts of nature?

One word on the danger of acquiring a habit of using opium, which it is not easy to abandon. My own experience has not been as fortunate in this respect, as was stated at one of our meetings a few years since, by a highly respectable member, now no more, who said, he had never experienced any difficulty in stopping the use of the medicine, nor had known trouble to follow.

One of the most troublesome cases I ever saw, acquired the habit in the institution under that gentleman's care and the use of the drug followed for six years after leaving the Hospital. By very gradually diminishing the enormous dose she was taking when she came to me, it was wholly left off, at the end of six months; but the sulph. of quinine with which it was combined, was continued six months longer so that she never knew when the morphine was stopped. She has been my neighbor for four years, in good health and spirits.

I have now under treatment a case of melancholy, principally from moral causes, in which I have seen my patient get apparently well and happy, but no sooner did I omit the morphine, than all the trouble was renewed. Three times I resumed and gradually discontinued its administration with similar results; which made me de-

termine on another course, without the opium. The appearance is favorable for ultimate success.

I fully agree with the gentleman from Kentucky that it is generally best to commence with small doses, as 25 or 30 drops of Laudanum, or solution of morphine of equal strength, and gradually to increase the dose if necessary to a large amount. My *experience* however *does not* enable me to say, "if the design is not answered by less, give *thirty drachms*." *

It is not easy to reconcile the discordant opinions of our best practitioners as to the value of narcotics in the treatment of the insane.

Some placing a very high, and others a very low estimate on their value. It may be those who extol them most, have gone far beyond those of more moderate expectations, in their use.

In this way, they may have experienced advantages, unknown to those who have been more cautious in their administration.

Not having prescribed them to the greatest extent, I cannot pretend to decide the question, but hope to hear testimony which will enable me to use medicines of this class more successfully.

I have had no opportunity to make trial of the eastern compound called haehich, nor have I learnt that its use has been thoroughly tested in Europe or in America. From what I have read and heard on the subject, it would appear to act like stramonium, exciting a disordered action peculiar to itself; and possibly may supercede

* I am aware that many practitioners use, and as they think with decided advantage, enormous doses of Laudanum and solution of morphine in certain cases of mania, even in some cases as high as seven or eight ounces per day. I am not disposed to question their success, but have not gone myself to the same extent.

an existing disordered action, by substituting one of its own, more powerful, but less prominent.

If this and similar poisons act on the principles of Hahnemann, I presume the dose must be some hundred-millionth parts less than we usually administer.

I have used stramonium in severe cases of epilepsy, complicated with insanity, without any benefit.

Two cases *seem* to have been successfully treated, one and two years since, by spirits of turpentine in large doses for several days, followed by a long use of oxide of silver, as much per day as the mucous membrane would tolerate. In several others no benefit followed any course.

I come to speak of vegetable and mineral tonics.

There are few cases of long protracted insanity which have not seemed to require a free use of these, and I believe everywhere, they are administered in our Hospitals, in cases where the physical vigor is much diminished.

In subjects where the tonic course does not require to be prescribed for the relief of any particular organ, the preparations of cinchona may represent most of the vegetable class, as the oxides and salts of iron and silver do that of the mineral.

Every one's ingenuity must suggest the various additions and combinations required to affect particular organs or special cases.

There is a form of disease affecting mostly the young, in which maniacal excitement alternates with acute dementia, possibly from renewed congestions. From one or the other of these states we see our patients gradually recovering, taking on the usual appearance of health and intelligence, when suddenly a state of phrenzy or stupidity comes, and the same goes over again.

If we carefully observe the first signs of amendment and introduce a large seton in the back of the neck, I think we shall often avert a relapse.

I have no remedy for chronic dementia, nor general palsy, never having seen either benefitted to any considerable extent.

I feel indebted to Dr. Stedman for his observations on the use of ether for those who refuse nourishment and to Dr. Bell for his excellent paper on the same subject.

I am not aware that I have advanced a single idea which is not perfectly familiar to every member of the Association. I would gladly have posted some new discoveries, if I had found them on the *blotters*.

Having expressed some preferences, some doubts and some objections, I expect them to be corrected wherever they meet your disapprobation.

Having designedly avoided any mention of moral treatment, it may be thought I consider the medical as the more important. I can give my views in a single and short paragraph.

In the first stage I deem the medical more efficient than the moral treatment, in the second equal, and in convalescence the moral has decidedly the preponderance.

ARTICLE II.

TRIAL OF ROBERT PATE, AT THE CENTRAL
CRIMINAL COURT, LONDON, on the 11th of July,
1850, *for an assault on Her Majesty, Queen Victoria.*

[From the London "TIMES", July 12th, 1850.]

To-day having been appointed for the trial of Robert Pate for assaulting Her Majesty, a great deal of interest appeared to be created. The sheriffs, however, had taken the proper precautions to prevent the court from being inconveniently crowded, and no persons were admitted except by their authority.

At 10 o'clock the learned judges, Mr. Baron Alderson, Mr. Justice Patteson, and Mr. Justice Talfourd entered the court, accompanied by the Lord Mayor, Alderman Gibbs, and Sir C. Marshall.

The prisoner was then placed at the bar. He walked to the front of the dock without evincing the least discomposure and bowed slightly to the court.

Mr. CLERK read the indictment, which, in the first count, charged the prisoner with having with a certain offensive weapon, that is to say a stick, unlawfully and maliciously struck at the person of our Lady the Queen with intent to injure the person of our Lady the Queen.

In a second count the intent of the prisoner was laid to be to alarm our Lady the Queen.

In a third count the prisoner was charged with intending to break the public peace.

The prisoner pleaded "Not Guilty" in a loud tone, and the jury were then impanelled.

The Attorney-General, the Solicitor-General, Mr. Welsby, Mr. Bodkin and Mr. Clerk appeared for the prosecution. The prisoner was defended by Mr. Cockburn, Q. C., and Mr. Huddleston.

THE ATTORNEY-GENERAL opened the case. He said it had been his misfortune since he had had the honor of filling his present office to appear in that court as the public prosecutor in many cases of importance. This was at all times a most painful duty, but he assured them with all sincerity that he never stood in his present position with feelings of greater regret than he did on this occasion. When he considered, on the one hand, that the object of the attack of the prisoner was a lady and a Sovereign who had endeared herself to her subjects by her great virtues, and that, on the other, the person charged with the commission of the offence filled the position of a gentleman and a man of education and who had also at one time held Her Majesty's commission, he could not but feel that these were circumstances which very greatly aggravated the offence imputed to the prisoner; and this he considered warranted him in imploring them to dismiss from their minds all they had read or heard in reference to this matter, and that they would be guided in their decision solely by the evidence that would be laid before them, and that they would enter into the consideration of this case in the same manner as though it was one of the most ordinary character. It appeared to him that he should exceed his duty if he were to dilate on the motives that might have actuated the prisoner to commit this offence. As the public prosecutor, all he had to do was to state the facts impartially to the jury, and unhappily those facts were short, clear, and conclusive. The prisoner was the son of a gentleman of fortune and station residing at Wisbeach and who had filled the office of high-sheriff for the county of Cambridge, and the prisoner had for some

years been cornet and lieutenant in the 10th Hussars. For some time, however, he had retired from the army, and it would appear that after this he had resided in London, and for a considerable time had led a life of complete quiet and retirement. The learned Attorney-General then proceeded very briefly to state the circumstances of the assault upon Her Majesty, and said these were the facts upon which the charge was preferred against the prisoner, and he had no doubt he should establish them clearly by the evidence of one or two witnesses. He went on to say that it was not for him to speculate as to the motives that had led to the commission of the act—motives might be suggested, but he did not think it would be discreet to do so. He could not tell what excuse was to be offered for the prisoner, but he had heard that the unfortunate gentleman, or his friends acting for him, intended to endeavor to establish that he was not in such a state of mind as to render him accountable for his actions. If this should turn out to be the case the jury would permit him to suggest that they ought not to give effect to such a defence unless it was made out by strict and complete proof, and that they should not permit the law to be evaded upon slight grounds.

The following witnesses were then examined :—

Colonel Grey, examined by the SOLICITOR-GENERAL.—I hold the office of Equerry to Her Majesty. I remember Her Majesty leaving Buckingham Palace on Thursday, the 27th June, in an open barouche. The carriage drove to Cambridge-house, where Her Majesty alighted. She returned to the carriage about half-past six, going out by the east gate. Several persons had assembled outside. The carriage went out of the gate very slowly, and at the same moment I saw a well-dressed man step up to the carriage and immediately afterwards he was seized by the footman. That man was the prisoner. He was taken into custody immediately.

When Her Majesty arrived at Buckingham Palace Sir James Clark was sent for, and I saw Her Majesty's head bandaged and blood coming through the bandage.

Robert Renwick said,—I am sergeant footman to Her Majesty. I remember Her Majesty going to Cambridge-house on the 27th June. I was sitting behind the carriage when it came out of the gate of Cambridge-house. I saw the prisoner strike the Queen with a small cane on the forehead. I seized him immediately. The crowd closed upon him and he was secured.

By Mr. COCKBURN.—He was roughly handled by the crowd.

The cane was produced and identified by the witness.

James Silver.—I am sergeant of the A division of police. I saw Her Majesty's carriage leave Cambridge-house on the evening in question, and hearing an exclamation from the crowd I looked towards them, and saw the prisoner with the stick in his hand, which I now produce. The crowd were very indignant, and it was with difficulty I could preserve him from their violence. The prisoner gave his name at the station house as Robert Pate, and said he was formerly lieutenant in the 10th Hussars. He cautioned some of the witnesses who were being examined, and said they did not know whether he hit at the Queen's bonnet or her head, and added that it was a slight blow with a light stick.

By Mr. COCKBURN.—He gave his right address—27, Duke-street.

Samuel Cowling said—On the evening of the 27th of June I was among the crowd standing in front of Cambridge-house, and the prisoner came and stood close to me and tried to get before me. As Her Majesty came out in her carriage, the moment it came in front of me the carriage stopped for a second, and the prisoner made a step in advance and struck Her Majesty.

By Baron ALDERSON.—He struck her with his right hand.

Examination continued.—The blow fell partly on the bonnet and partly on Her Majesty's forehead. It was not a violent blow, but it was a hard blow. From the attitude of the prisoner I should say the blow was aimed under the bonnet. I seized him at once, and the policeman came up and took charge of him.

Colonel Grey recalled.—The Prince of Wales, Princess Adelaide, and I think Princess Alice were in the carriage at the time.

The witness Cowling in cross-examination said,—There were 200 people present at the time.

Sir James Clark said—I am physician to Her Majesty. I was sent for to see Her Majesty on the evening in question and arrived at the Palace between eight and nine. I examined her forehead and found a considerable tumor on the outer angle of the right brow, and a small cut. It had been bleeding, but the blood had stopped. I was surprised to see so much injury done by such a small stick, and I therefore infer it was used very violently. Her Majesty's bonnet was cut through. I think the skin was cut by the stick, and not by the wire margin of the bonnet.

By Mr. COCKBURN.—The wire was bent, but I do not think it assisted to cause the injury.

This was the case for the prosecution.

Mr. COCKBURN then addressed the jury for the prisoner. He said, that if the Attorney-General, appearing for the prosecution, felt so deeply the painful nature of the case they were now called upon to investigate, they might very well imagine how much more painful was the duty which he as the counsel for the prisoner was called upon to perform. An outrage had been committed upon a Sovereign who was revered and loved by all classes of her subjects—upon a

Sovereign who perhaps enjoyed the love of those subjects more than any other who had ever filled the throne of these realms; and he had to defend an unfortunate gentleman who was charged with the commission of that outrage. His learned friend had truly anticipated the nature of the defence he should offer. He would not attempt to trifle with the understanding of the jury by any endeavor to deny that the prisoner had actually committed the act with which he was charged, but he trusted to be able to satisfy them that at the time he committed it he was in such a state of mind as not to render him responsible. He would, in the first place, ask the jury whether the act in itself was one likely to be committed by a sane person? Without any motive—for none such could possibly exist—the prisoner had inflicted a blow upon his Sovereign—upon a Sovereign whose private virtues, whose Royal dignity, and whose public conduct had justly endeared her to her subjects. Could they believe that in open day a sane man could have committed such an act? He submitted that it was impossible he should do so, and he hoped to be able to satisfy the jury that the prisoner was suffering from an aberration of mind and that he really was not aware of the nature of the act he was committing. He agreed with the Attorney-General that the rules of law in such cases ought to be strictly adhered to, and if the evidence he should lay before them did not satisfy them of the fact, he would not for a moment think of asking them to stretch those rules, which were necessary for the protection of them all, for a particular purpose. He was aware that there were very great difficulties in the way of making out a defence of this character, and it would be his duty to call the witnesses and to lay their evidence before the jury, but he must confess that he was not very sanguine as to the result. He believed, however, that he should clearly satisfy the jury that the mind of the pri-

soner was deranged ; and, although he might fail in establishing the insanity of the prisoner so as to release him from all responsibility, yet he felt assured the jury would be of opinion, that if he was responsible at all, he was not responsible to the extent that an ordinary man would be under similar circumstances. He would now proceed to give them some further account of the prisoner. They had heard that he was the son of a gentleman of fortune in Cambridgeshire, a magistrate for the county, and who in the capacity of high-sheriff had the honor of receiving Her Majesty upon the occasion of the installation of His Royal Highness Prince Albert as Chancellor of Cambridge University. The prisoner entered the army in 1841. At that time there was something eccentric and extraordinary in his conduct, but it appeared that no particular notice was taken of it, and he discharged all his duties in the regiment to the satisfaction of his superior officers, and was esteemed by them and everybody belonging to the regiment. Things continued in this state for a considerable time, the prisoner exhibiting a peculiarity of manner which excited attention but did not lead to a belief that the prisoner was suffering from any aberration of mind. In 1842, however, a circumstance occurred which materially tended to aggravate the symptoms that had before appeared and to increase the excitement under which the prisoner was suffering. It appeared that the prisoner had three favorite horses, and also a very fine Newfoundland dog, to which he was particularly attached, and it seemed that a dog belonging to another officer in the regiment had bitten this dog and also the horses, and they afterwards exhibited symptoms of hydrophobia and it was found necessary to destroy all the animals. This circumstance had a great effect upon the prisoner ; he lay down by one of the horses and shed tears, and for a long time he was in a state of great excitement,

and there was no doubt that his mind, which was already weakened, sustained a great shock. He became reserved and morose, and ceased to take any pleasure in the discharge of his duties, and upon one occasion, when he was sent to Dublin with a detachment of his regiment, he set off for England without leave, and went to his father, to whom he represented that he had been compelled to go away from Ireland because persons were there who were conspiring against his life. He should show the jury that at this time the prisoner was laboring under the most extraordinary delusions. He fancied that the cook and messman of the regiment intended to poison him, and he complained to the colonel of his regiment that he was suffering from having bricks and stones in his stomach, and that the surgeon of the regiment was unable to give him any relief. The learned counsel then proceeded to detail a variety of extraordinary acts committed by the prisoner, the particulars of which will be found in the subjoined evidence. If a Commission of Lunacy had been issued against the prisoner under these circumstances, he asked the jury whether they would have hesitated for a moment in coming to the conclusion that he was insane? and he therefore thought he was justified in asking them to come to the same conclusion in the present case. He again repeated that the act itself was the act of an insane man. He did not believe that the jury would ever come to a decision that there existed in this country a human being possessed of the ordinary feelings of a reasonable and rational man who would raise his hand to insult or injure the present Sovereign of this country. The act was the act of a madman. It was motiveless and objectless. He knew it had been said that a morbid desire for notoriety frequently actuated persons in the commission of acts of this character, and it had also been suggested that persons in desperate circumstances re-

sorted to such acts in the hope of being provided for during the rest of their lives ; but there were no such motives that could possibly have actuated the prisoner. It could be shown that he was a man fond of solitude, and that he shrank from society, and it was not at all likely therefore that he should seek a hideous notoriety by committing an act of this description. Besides, he was a man of education by his habits and his associations from his very childhood, and he must have imbibed notions of loyalty repugnant to the commission of any act of violence towards his Sovereign. Then, as to the other suggestion, that want of means might lead to such an act in the hope of being provided for, that was equally improbable, as the prisoner was the son of a man of fortune who had ample means of providing for his wants. What motive could there, then, be for the commission of the offence ? As to any traitorous design, that was quite out of the question. A man did not attempt to carry out traitorous views of that character with a small cane such as the one that had been produced. Was there any political motive ? Nothing of the sort could be attributed to this unfortunate gentleman. To what, then, could this act by possibility be referred but to the sudden impulse of a disordered mind ? Since the proceeding the prisoner had been asked how he came to commit the act and he was unable to give the least explanation ; all he could say was that the act was the result of a momentary impulse which he was unable to control. He knew that the defence of insanity was looked upon with great jealousy and caution, and he was not surprised that it should be so, and that people should look with suspicion at such a defence when the insanity did not appear to have been suggested until after the commission of some great crime by the party accused. He felt it his duty, however, to call the witnesses who would depose to these facts. He considered it was due to

the country, whose feelings had been outraged by the commission of such an act towards the person of their Sovereign; and he trusted the jury would express by their verdict the belief they entertained that no sane man in Her Majesty's dominions could have been guilty of such an act as the one imputed to the prisoner.

The following witnesses were then examined for the defence:—

Colonel John Vandeleur said,—I was lieutenant-colonel of the 10th Hussars when Mr. Pate joined the regiment in 1841 as cornet. He afterwards became lieutenant. He remained in the regiment till March, 1846, and during that time the regiment was quartered in England and Ireland. While we were stationed at Cahir I remember an accident happening to the prisoner's horses and dog. From the moment the prisoner joined the regiment I thought there was something strange in his conduct. His hair was cut very short, and I fancied his head had been shaved. He discharged his duties as an officer very well; and as to his being a gentleman there is no doubt about that. He was a person of mild demeanor and very much respected in the regiment. He had three horses and a Newfoundland dog, and he was very much attached to them. The prisoner's horses and dog were bitten by a mad dog belonging to another officer, and they were all destroyed. From this period I observed a great change in his conduct, and he appeared very much excited in consequence of a correspondence that took place between his father and the Duke of Wellington upon the subject of these horses. A claim was made upon Captain Wallington, to whom the dog that bit the prisoner's horses belonged, through the Duke of Wellington, and the prisoner seemed hurt that his friends had made such a claim. He appeared to avoid company, and used to take long, solitary walks by himself, and he com-

plained to me that he was ill just before he returned to England. He said that he had applied to the doctor of the regiment and he could give him no relief. I asked him what was the matter with him, and he said his stomach and bowels were full of bricks and that the doctor had not the skill to remove them. To the best of my knowledge the prisoner never replaced the horses that were killed, except one. The prisoner was constantly on the sick list after this. I considered he was laboring under a delusion. I sent him in command of a detachment from Newbridge to Dublin in 1845, and he had orders to return next day, but he left his detachment at Dublin without leave and returned to England. This was a serious military offence, and I communicated with General Wyndham on the subject. He returned in ten days. He was not brought to a court-martial. When he came back he appeared very well, and he gave no explanation for his going away. I communicated with his father in as delicate a manner as I could, and the prisoner left the regiment two months afterwards.

By the ATTORNEY-GENERAL.—I asked the prisoner where he had been, and he said he had been to England, but entered into no further particulars. He was put in arrest for the military offence, and after he was released he continued to perform his military duties as before. I am not certain whether he was on the sick list at the time he made this extraordinary statement to me, but he was shortly afterwards, and I have no doubt that he was really sick. A claim was made upon Captain Wallington to pay for the horses, as his dog had been the cause of their being killed. I think it right to say that Captain Wallington made honorable compensation.

Re-examined.—The General ordered that he should resume his duty, and he did so, but not with the same zeal as formerly.

By the COURT.—If I had thought the prisoner was of sound mind I should not have ordered him, as the General did, to resume his duty ; and I presume the General acted upon the same suspicion that his mind was affected.

Captain Frith said,—I was formerly in the 10th Hussars. The prisoner joined about a year before me. I was very intimate with him, and remember hearing of the accident to his horses. His conduct was always that of a gentleman and an officer, and he was very much liked in the regiment. After the accident there was a great change in his manners and conduct. He frequently absented himself from mess and took long solitary walks. He also complained of the messmen and the cook, and said that they had conspired to poison him. I tried to convince him to the contrary, but could not do so. He also told me that there were stones and bricks in his stomach. Sometimes he was very reserved and at others very wild and excited without any apparent cause, and I thought his mind was impaired by the loss of his horses and dog. When he left the regiment he gave all his appointments to the adjutant of the regiment ; which was not a usual thing. They were very valuable. I saw the prisoner about three o'clock on the day the blow was struck at Her Majesty midway between Duke-street and Hyde-park-corner, and I observed that his manner was more excited than usual. He was in the habit of swinging his arms and stick, and on this day he did so more than usual and every one turned back to look at him. I have met him at different times, and he was always walking in the same remarkable way, but I had never seen him so excited as on this day.

By the ATTORNEY-GENERAL.—I spoke to him on the occasion, and he recognised me and nodded in a wild manner. I once called upon him in Jermyn-street, but finding he did not wish to see any one I did not call again. He

complained of being poisoned and of having bricks and stones in his stomach at the same time. He was frequently upon the sick list. He performed his duty in the regiment, but I believe many little things were looked over on account of his eccentricity.

Sir Thomas Munro said,—I was Captain in the 10th Hussars and joined the regiment in 1842. I knew the prisoner and was quartered with him at Cahir. I saw him at Newbridge after the accident to his horses, and noticed that he appeared rather more odd than before. He had always been odd, and his manner and conduct were the subject of conversation in the regiment.

Thomas Venn said,—I am corporal in the 10th Hussars, and was in the regiment when Mr. Pate joined. I remember it being discovered that his horses had been bitten, and they went mad, and two of them were shot. Mr. Pate was very much concerned at the loss of one of these horses. After the first horse was taken ill he said that if any thing happened to the other—his big horse, as he called him—he did not know what he should do, and he should be inclined to make a hole in the river.

George Pitt, a sergeant in the 10th Hussars, also spoke to the fact of the demeanor of the prisoner when his horses were destroyed. He said that he was very much attached to his horses, and after they were killed he appeared very much depressed and his conduct was very eccentric.

Thomas Martin, the trumpeter to the regiment, gave similar evidence. He also said that it was generally remarked among the troops that he was not right. Sometimes he would stand looking, as though lost in thought, and then he would suddenly start off as though walking for a wager.

Mr. Robert Francis Pate said,—the prisoner is my son. I remember his leaving the regiment in Ireland without

leave. He came down to my residence at Wisbeach, and I ascertained he had not got leave of absence. I told him I was astonished and hurt at his conduct and asked for an explanation, and he said he had been hunted about Dublin streets by people, and he had seen the same people at the barracks, and he had even seen them about the hotels in London, and he said he had made his escape from Dublin in a vessel coming to Liverpool. I told him I could not let him remain with me, and that he must return immediately to his regiment, and he promised to go back the next morning. The prisoner did go away, and rejoined his regiment, and I afterwards received a letter from his colonel, advising me to take him out of the regiment. He had leave of absence afterwards, and I met him in London, and he then sold his commission, without my leave or knowledge. I understood from the prisoner that, after paying his debts, he had 1,200*l.* left. Application was afterwards made to me by persons to whom he was indebted, and I went up to London and saw the prisoner, and his appearance was so extraordinary that I was alarmed at it, and consulted Dr. Conolly, and he thought that the presence of the prisoner's sister might make him more comfortable, and advised that any treatment should be postponed for the present.

By the ATTORNEY-GENERAL.—The prisoner told me he had gone away from his regiment without leave, and I told him that he was liable perhaps to be shot ; and he replied that he could not help it. The prisoner never visited me at Wisbeach after he sold his commission. He was always very temperate in his habits. After I had consulted Dr. Conolly I made inquiry respecting the prisoner from time to time. I did not know what to do about putting him in an asylum but I thought he must

eventually go to one. I took no steps to control him in any way.

Charles Dodman said,—that he was servant to the prisoner while he was in the 10th Hussars. His conduct was always strange and eccentric. Witness remembered his leaving the detachment at Dublin and going away without leave, and after he returned he appeared more melancholy than before he left, and secluded himself as much as he could. After the prisoner left the regiment witness was again engaged as his servant. At this time he was living in Jermyn-street. His habits were very regular. He rose at 7 o'clock and first put his head into a large basin of water, and then he had a bath in which he had placed whisky and camphor. A pint and a half whisky and two ounces of camphor were the allowance for three mornings, and while he was in the bath he would shout violently and sometimes he would sing. He never mixed with society and always kept his blinds drawn down. It was also his custom when St. James' clock chimed a quarter past three to go out in a cab, and nothing could stop him from going at that precise moment. He gave nine shillings for a ride, and would always pay in shillings, and witness had to provide a sixpence and a large penny to pay the gates and the bridge, and he would not use any other coins. The prisoner's dress was always the same, winter and summer. The riding in the cab continued for a period of eighteen months, and during that period he only once received company.

By the ATTORNEY-GENERAL.—He paid his bills very regularly, and kept the receipts and put them away. With the exception of the eccentricity to which he had alluded he was very regular in his habits.

Re-examined.—He used to shout and sing and whis-

tle in a very extraordinary manner, and the people of the house used to observe upon his conduct.

By the Court.—Upon one occasion the prisoner purchased some nursery rhymes and read them through. I never knew him to go to church or read the Bible. He used to ride and walk on Sunday the same as on any other day.

Edward Lee, a cab driver, said,—he was in the habit of driving the prisoner from November, 1847, and he fetched him regularly every day at one time—a quarter past three. We always went the same route, over Putney-bridge to Putney-heath, and to one particular spot. The prisoner used to get out of the cab and walk through the thickest of the furze bushes and gorse, and he was out of my sight for about ten minutes. Used to meet him again at one particular spot near a pond, and had seen him stand and look at the pond a few minutes and then jump into the cab. Sometimes the prisoner would tell him to gallop, and then he would pull him up and make him go at a foot pace. They used then to go to a particular place as Barnes-common, where he got out again and walked through all the furze bushes, and then they went home by Hammersmith-bridge. Witness always thought he was not right in his mind, and in the winter time he was alarmed at him. In all weathers, rain, hail, or snow, he used to get out and walk through the furze bushes, and he did so when it was quite dark. He was continually flourishing his stick while he was in the cab, but sometimes he would sit quite still, and people had asked him if the gentleman was right in his mind. What he had stated took place every day for eighteen months and in all weathers. He at first received ten shillings for the journey, but afterwards Mr. Pate gave him nine shillings and he was always paid in shillings, and the

heads of the shillings were always uppermost and always turned one way.

By the ATTORNEY-GENERAL.—Believed that the riding was discontinued because the prisoner could not afford to pay for it any longer. When the prisoner came back to the cab, after walking on the common, he was sometimes as wet as though he had been through a pond. The driving about had now ceased for about two years.

Charles Mason, a livery stable keeper, who had been in the habit of letting horses to the prisoner, deposed that last May he observed a great change in his appearance, and he made the remark that he was afraid he was going out of his mind.

Mr. James Starten deposed,—that he was a surgeon residing in Saville-row, and in 1849 the sister of the prisoner came to live with his family, and the prisoner was introduced to him. He had previously seen him in Kensington-gardens, and judged from his appearance that he was insane. He was throwing his arms and hands about in a most extraordinary manner, and his look was that of a man whose mind was not right. At this time he did not know who he was, but after he was introduced to him he recognized him as the same man. He had conversed with him, and, although there was certainly nothing insane in his conversation, yet from his mode of talking he should not set him down as a man possessing a sound mind. Upon one occasion witness advised him to get a classical education to fit him for some other occupation as he had left the army, and his reply was that no man in England was capable of teaching him any thing. The result of his conversation with the prisoner was that he communicated with the prisoner's father.

By the ATTORNEY-GENERAL.—Witness was not aware

that any thing was done by the prisoner's father in consequence of the communication he made to him.

Re-examined.—Witness always entertained the impression that the prisoner would commit some violent act.

George Gardner, the beadle of the Burlington-arcade, deposed,—that he had frequently seen the prisoner, and in consequence of his extraordinary conduct always entertained the opinion that he was not in his right senses.

Inspector Squire, of the metropolitan police, deposed,—that his attention had been attracted to the prisoner by his extraordinary demeanor and conduct in the street. He never saw him without a stick, and he was in the habit of flourishing it about backwards and forwards, and witness used to call him “cut and thrust.”

By the ATTORNEY-GENERAL.—Witness did not make any report upon the subject. He was not aware that the prisoner was watched by the police.

The O'Gorman Mahon examined by Mr. COCKBURN.—I have known the prisoner for eleven months and have occasionally met him at Mr. Starten's. From the first day I ever saw him I was under the impression that he was not a sane man, and my opinion was confirmed at the subsequent interviews I had with him.

By the ATTORNEY-GENERAL.—He is a man very much alive to the feelings of a gentleman, and I think he would shrink from doing a dishonorable or ungentlemanly act.

Mr. COCKBURN.—Do you think he would do a disloyal act?

The O'Gorman Mahon.—He is the last man I should suspect to be capable of committing a disloyal act.

The Rev. Charles Driscoll deposed that he had known the prisoner for about a year and a half. He was introduced to him at Mr. Starten's, but he had seen him before that time, and had formed an opinion as to his state

of mind and he thought him not in his sound senses. On the day this occurrence happened, about six o'clock, he saw the prisoner standing near the east gate of Cambridge-house. He stood quiet for a short time and then walked away westward, and he appeared much more excited than usual, and it induced witness to watch him more attentively. He heard of the assault being committed upon Her Majesty the same evening.

By the ATTORNEY-GENERAL.—The prisoner's manner in company was very sullen and reserved.

Dr. Conolly, examined by Mr. COCKBURN.—I am the head physician of the Hanwell Lunatic Asylum and have paid great attention to the malady of insanity. I was applied to by the prisoner's father respecting him in November last, and from what was told me I had reason to believe that he was improving, and fearing, if I was introduced to him, it might irritate him, I advised that nothing should be done at that time. I have conversed with the prisoner since this transaction, and in my opinion he is a person of unsound mind. I form this opinion from the conversations I myself have had with him, and from all the other facts I have heard, but principally from the former. It seemed to me that he has a very small share of mental power, without object or ambition, and unfit for all the ordinary duties of life. In conversation he would undoubtedly know the distinction between a right and a wrong action, but I should say that he would be subject to sudden impulses of passion.

By the ATTORNEY-GENERAL.—I am not aware that he suffers from any particular delusion. He is well aware that he has done wrong and regrets it.

By Mr. COCKBURN.—He can give us no account why or wherefore he committed the act. There does not appear to be the least motive, but he seems to have acted

under some strange sudden impulse which he was quite unable to control.

Dr. Munro said,—I have had five interviews with Mr. Pate since this transaction, and from my own observation and what I have heard to-day I believe him to be of unsound mind. I agree with Dr. Conolly that he is not laboring under any specific delusion.

By the ATTORNEY-GENERAL.—I think he may have known very well what he was doing, and have known that it was very wrong; but it frequently happens with persons of diseased mind that they will perversely do what they know to be wrong.

By Mr. COCKBURN.—From all I have heard to-day and from my personal observation I am satisfied the prisoner is of unsound mind.

Baron ALDERSON.—Be so good, Dr. Munro, as not to take upon yourself the functions of the judge and the jury. If you can give us the results of your scientific knowledge upon the point we shall be glad to hear you; but while I am sitting upon the bench I will not permit any medical witness to usurp the functions both of the judge and jury.

Dr. Munro apologized, and said he considered that he had only answered the question that was put to him.

This closed the case for the prisoner.

The ATTORNEY-GENERAL then made a brief and eloquent reply. He assured the jury that he could willingly have spared himself the pain of addressing them upon the evidence that had been adduced on behalf of the prisoner, but his duty left him no alternative. He should, however, confine his observations entirely to the evidence that had been adduced and merely give the reason why he considered the jury would not be justified in acquitting the prisoner on the ground of insanity. His learned

friend had relieved him from one difficulty by the course he had taken, and it now appeared to be admitted on all hands that in open day, and in the presence of Her Royal children, Her Majesty had been struck by the prisoner at the bar. It appeared to him that his learned friend felt the difficulty in which he was placed by the nature of the defence, and his object appeared to be to endeavor to obtain a lenient sentence on the prisoner on the ground that he was a person of weak mind, rather than that he should be acquitted upon the ground of insanity, the effect of which would be that he would be imprisoned for the rest of his life. It appeared to him, however, that it would not be a justifiable or proper course that a sentence should be passed upon a man who possessed a dangerous propensity of this description, the effect of which would be to set him at liberty in a short time, when he would probably be unwatched and unrestrained as he unfortunately appeared to have been hitherto, and be thus left at full liberty to renew his dangerous and violent proceedings, and that the prisoner ought either to be convicted of the offence which he had undoubtedly committed, or else that he should be acquitted on the ground of insanity, the effect of which would be that he would be properly restrained and prevented from committing further mischief. The question, then, which the jury had to decide was, whether the prisoner was in such a state of mind as rendered him responsible for his actions. It had been urged by his learned friend that the act in itself was the act of a madman. He trusted, however, that the jury would pause before they incurred the dreadful responsibility of sanctioning the principle that the mere atrocity of an act was in itself evidence that the party committing it was insane. His view of the law—subject to the correction of the Court—upon the ques-

tion of the defence of insanity was this:—It was not mere extravagance or eccentricity of conduct that would justify a jury in coming to the conclusion that an accused person was insane, but it was necessary to show that a man was not aware what he was doing or was incapable of distinguishing between right and wrong, to justify them in coming to such a conclusion. This rule had been distinctly laid down by Lord Hale, and it had always been acted upon, and it had been confirmed by the judges upon the questions submitted to them in the case of *McNaghten*. The whole question for the jury then was this:—Did the prisoner at the time he struck the blow know he was doing wrong? If he did so, he was guilty of the offence imputed to him, and no consideration on earth ought to induce them to swerve from the strict rule of law and from saying so by their verdict. Such a person was responsible for his act, and the law required that he should be punished for it. He would not deny that the gentleman had exhibited great eccentricity, and that his conduct upon some occasions had been most extraordinary, but these circumstances were very far from justifying the jury in acquitting him upon the ground of insanity. Nothing more had been proved than that he was eccentric, and that he was very much affected at the loss of his dogs and horses. Had he ever been treated like an insane person? He was always allowed to manage his own affairs; he sold his commission and appropriated the proceeds to his own purposes, and he had been always allowed to conduct his own business, and he could not help observing that it appeared to him there had been some neglect on the part of his father in not taking some charge of him when he was aware of his eccentric habits. Did all the facts, however, prove that at the time the prisoner struck Her Majesty he did not know what he was

about or that he was doing wrong, and if the jury were not satisfied of this they were bound to return a verdict of guilty. What was the prisoner's conduct when he was taken into custody? Did it not clearly show that he was perfectly well aware of what he had been doing, and was his conduct any thing like that of an insane person? All he endeavored to do was to palliate his offence. He was perfectly aware he had done wrong, and he sought to extenuate the act by saying that the witnesses could not tell whether he struck at the Queen's face or at her bonnet, and he subsequently said that it was only a little blow with a light stick. This plainly showed that he knew well what he had done and that it was a wrong act, and it put an end to the defence altogether. The Attorney-General concluded by stating that this was in reality the only question the jury had to decide, and he felt satisfied they would return a verdict that would be satisfactory to their own consciences and to the country.

Mr. Baron ALDERSON then summed up. He said they would have no difficulty with regard to the fact of the prisoner having struck Her Majesty, or that his intention was one of those mentioned in the indictment. That he intended to injure Her Majesty, was apparent from the fact that he actually did injure her, and that blood flowed in consequence of the blow. With regard to alarming Her Majesty, probably from the natural courage of the family to which she belonged, that was not done; but there was no doubt that the former count, and also the one charging an intention to break the public peace, had been clearly made out by the evidence. He would not waste their time by going through the evidence for the prosecution, because it was admitted that the prisoner had committed the act, and that if he was a man of sound

mind and understanding, he was responsible ; and whether he was so or not was the only question they had to decide. It was clear that at the present time the prisoner was perfectly sane—they began with that fact, and the law threw upon the prisoner the onus of proving that he was in a different state at the time the offence was committed, and the jury would say whether that had been done after he had explained to them what was his opinion of the law upon the subject. In the first place, they must clearly understand, that it was not because a man was insane that he was unpunishable, and he must say that upon this point there was generally a very grievous delusion in the minds of medical men. The only insanity which excused a man for his acts was that species of delusion which conduced to and drove a man to commit the act alleged against him. If, for instance, a man being under the delusion that another man would kill him, killed that man, as he supposed, for his own protection, he would be unpunishable for such an act, because it would appear that the act was done under the delusion that he could not protect himself in any other manner, and there the particular description of insanity conduced to the offence. But, on the other hand, if a man had the delusion that his head was made of glass, that would be no excuse for his killing a man. He would know very well that, although his head was made of glass, that was no reason why he should kill another man, and that it was a wrong act, and he would be properly subjected to punishment for that act. These were the principles which ought to govern the decision of juries in such cases, They ought to have proof of a formed disease of the mind ; a disease existing before the act was committed, and which made the person accused incapable of knowing at the time he did the act that it was a wrong act for him to

do. This was the rule he should direct them to be governed by. Let them try it by this test. Did this unfortunate gentleman know it was wrong to strike the Queen on the forehead? Now, there was no doubt that he was very eccentric in his conduct, but did that eccentricity disable him to judge whether it was right or wrong to strike the Queen. Was eccentricity to excuse a man for any crime he might afterwards commit? It was true that after the prisoner had committed a breach of military discipline by going away from his regiment without leave, he had been excused on account of his supposed weak state of mind, but that was no criterion for the jury and they must adhere to the law in its strictness. The prisoner was proved to have been perfectly well aware what he had done immediately afterwards, and in the interview which he had had since with one of the medical gentlemen he admitted that he knew perfectly well what he had done, and ascribed his conduct to some momentary uncontrollable impulse. The law did not acknowledge such an impulse, if the person was aware that it was a wrong act he was about to commit, and he was answerable for the consequences. A man might say that he picked a pocket from some uncontrollable impulse, and in that case the law would have an uncontrollable impulse to punish him for it. What evidence was there, then, in the case, to justify them in coming to the conclusion, that when the prisoner struck the Queen, he did not know it was a wrong act—in fact, that what he was doing was wrong? The learned judge then read over the whole evidence for the defence, commenting upon it as he proceeded. He went on to say that the prisoner was an object of commiseration was quite clear; and that he should also have been taken better care of, was equally true; but the question they had here to decide was, were

they satisfied that he was suffering from a disease of the mind which rendered him incapable of judging whether the act he committed towards the Queen was a right or a wrong act for him to do? If they were not satisfied of this fact, they must say that he was guilty; but on the contrary, if they thought he was not aware what he was about, or not capable of distinguishing between right and wrong, they would then say he was not guilty on the ground of insanity.

The jury retired at 20 minutes past three and did not return into court until 5 minutes past seven, when they gave a verdict of *Guilty*.

The prisoner was immediately called up for judgment.

Baron ALDERSON addressed him to the following effect:—Robert Pate, the jury have found you guilty after a very long and patient inquiry, and there can be no reasonable doubt that they have come to a right conclusion. At the same time, it is quite clear that you are a person of very eccentric habits and in some degree differing from other men, and it is probable that it has pleased God to visit you with some mental affliction, for which you are to be pitied. The offence you have committed, however, is one of a very serious and important character. You have been found guilty of striking a woman, which for a soldier is a very shocking thing; but when it is considered that this woman was your Sovereign—that it was a lady entitled to the respect of the whole country by her virtues and her exalted position, that act which in an ordinary case would be a very serious offence, under these circumstances becomes truly heinous. How could it happen that you, a soldier of the country, could insult one beloved by all on account, not only of her exalted station, but by her domestic virtues? Yet she was the object of your attack, and whom you insulted by a blow.

Considering the station of your family and your own position, the Court will not inflict the disgraceful punishment of whipping upon you. The Court has some respect for you, though you had no respect for others. It will still, however, be its duty to pass such a sentence upon you as will prevent you, at all events for a long period, from doing any further mischief. I would fain believe you were not in your right senses at the time you committed this act, and it has long been the boast of this country that no man of sane mind could be found capable of committing an attack on his Sovereign; but at the same time I think the jury were quite right, upon the evidence that was adduced, in not acquitting you upon the ground of insanity. Under all the circumstances the sentence that I feel it my duty to pronounce upon you is, that you be transported beyond the seas for the term of seven years.

The prisoner heard the sentence without betraying the slightest emotion, and when the learned Judge had concluded his address he bowed to the Court, and immediately turned round and without uttering a word retired to the jail.

The trial lasted nearly nine hours.

We subjoin the editorial comments of the "Times."

"The charge of Mr. Baron ALDERSON and the verdict of the jury will be received with great satisfaction. The only chance of checking the morbid infection of an outrage such as that perpetrated by Robert Pate consists in the steady administration of the law. As far as possible a person so circumstanced should be taken out of the category of illustrious victims. There is really nothing interesting in the fact of striking a lady on the face with a whip. Any fellow—not an absolute madman—who com-

mits so monstrous an outrage, should, if he be preserved from the instant expiation of his offence by the interference of the police, be regarded in the light of as vulgar a criminal as ever occupied the dock of the Old Bailey. The only fear is that juries may be tempted to connect such offences, from their very enormity, with the existence of aberration of intellect. In such a case an idea gets abroad that a month's notoriety may be purchased at the expense of a certain amount of personal restraint. One outrage begets another, and an infinite series of weak and vicious persons follows in the track of the first offender. This is the notion that requires to be checked. We are old-fashioned enough to assume that the certainty of punishment in such instances, as in the case of ordinary offenders, does deter from crime. It is very fortunate, therefore, for society that the jury at the Central Criminal Court yesterday, under the direction of Mr. Baron ALDERSON, refused to listen to the plea of insanity set up by the professional advisers of the prisoner.

"After all, what kind of proofs of insanity were the jury called upon to receive in opposition to the evidence of their own eyes? It was shown by the witnesses for the defence that whilst walking in the public streets Robert Pate habitually indulged in gesticulations; that he was in the habit of talking aloud to himself; that he lifted his heels high as he walked, so as to attract the notice of the passers by. Is all this evidence of insanity? At the moment we write we have present before us the figure of one of the greatest writers and orators England can show, as he is to be seen passing along the public streets. He does not notice the passing crowd. His mind's eye is turned inwards; and whilst he walks along, the well-poised sentences which are one day to delight his readers escape unconsciously from his lips.*

* T. B. Macaulay.

Is he mad? Then again, the prisoner's servant deposed that while he was in the bath he would shout and sing in such a manner as amused the people of the house. If every man be mad who endeavors to modify the tedium of his morning ablutions by giving utterance to the fag-end of a song, it is high time the accommodations at Hanwell should be enlarged. Then, again, it is said that Robert Pate quitted his regiment without leave and returned to his father's house. Many a young man has been guilty of such a violation of discipline; and yet we cannot see that he is therefore entitled to horsewhip the Queen without rendering himself amenable to punishment. To take some of the additional points that were insisted on as evidence of the prisoner's insanity, we would call attention to the statement of his Colonel that whilst he was in the service he stated to him one day, 'That his bowels were full of brieks, and the doctor had not the skill to remove them.' This was a delusion no doubt, but yet it is no proof of the disturbance of moral feeling, or even of intellectual shrewdness on all other points. We have heard of a member of the British aristocracy managing his affairs with uncommon astuteness, and yet under the firm belief that he was constantly in that condition in which ladies wish to be who love their lords. Delusions on the subject of health are of such ordinary occurrence as not even to deserve notice, and we can see no better evidence of insanity in Pate's taking daily drives in a Hansom's cab to Putney and Wimbledon-common than in the appreciation he showed of our climate by burning fires all the year round. There is really no matter of any kind of weight throughout the evidence adduced in support of the theory of insanity, except it be the statement of Captain Frith, that the prisoner told him one day 'he was afraid the messman and

cook had conspired to poison him.' But what had this monomaniacal idea, even if it had ever assumed importance in the prisoner's mind, to do with his attack upon the Queen so many years afterwards? That he was a flighty, eccentric person we are perfectly prepared to believe; but no kind of proof was brought forward in the course of yesterday's proceedings to show that he was not of sound mind, so as to be unable to distinguish between right and wrong. On the contrary, while he was with his regiment he is described as having discharged his duties regularly and to the satisfaction of his commanding officer; and even up to the day of the attack he was living by himself in his lodgings, paying his bills with perfect regularity, and managing his affairs in every way with propriety. With such evidence it was quite impossible that the jury could have arrived at any other conclusion, and yet with our experience of the proceedings of criminal courts we feel almost grateful for their decision."

Can we do wrong in expressing the opinion that if Pate *had committed murder* he would with the professional and non-professional testimony adduced, have been acquitted on the plea of Insanity?

[For the above copy of the London "Times" we are indebted to Henry Marshall, M. D., of Edinburgh.]

ARTICLE III.

ON THE COMPARATIVE LIABILITY OF MALES AND FEMALES TO INSANITY, AND THEIR COMPARATIVE CURABILITY AND MORTALITY WHEN INSANE. By EDWARD JARVIS, M. D., of Dorchester, Mass.—*Read before the Association of Medical Superintendents of American Institutions for the Insane, at Boston, June, 1850.*

I. THE COMPARATIVE LIABILITY OF MALES AND FEMALES
TO INSANITY.

In regard to the comparative liability of males and females to lunacy, there have been but few thorough, and no extensive, investigations, and fewer records of reliable facts. Some authors have given opinions, and they are men whose opinions are not to be lightly questioned, but they, as well as we, have reason to complain of the want of satisfactory data to found their opinions upon.

Pinel says, that there are twice as many female as male lunatics in France.

Spurzheim says, in general terms, "there are more women than men liable to insanity."*

Esquirol, that authority above all others in these matters, says, "that women are more exposed to mental maladies than men,"† yet, in another page, he says, "mania is more frequent in males than females."‡ But their relative liability differs in different ages and differ-

* On Insanity, p. 102. † Maladies Mentales, i. p. 584. ‡ Ibid. ii. p. 133.

ent places, for he says, "that it is now true that, in Greece and Italy, females are less subject to madness (*folie*) than males. But in the north of France the contrary is the fact, for there are more female than male lunatics."*

But in England, he says, this is reversed, and the male lunatics are the most numerous. This he ascribes to the better education of females in England than in France, by which the women of England are protected from some of the causes of lunacy that affect women in France.

Unfortunately all our data which should show the number of lunatics among all the people, or the proportion of lunatics in the two sexes, are of a secondary nature. I have been able to find an accurate census of the lunatics of the distinct sexes† of only one nation, and that is the report of the commission of Lunacy to the Minister of Justice of Belgium, of the number of lunatics in that kingdom. There were males 2,744, females 2,361, in the year 1835, ‡ which shows an excess of about 16 per cent of the males over the females.

Even the Metropolitan Commissioners of Lunacy of Great Britain have only reported those lunatics which were in hospitals and work-houses, and under commission. The paupers are probably reported accurately, but the private patients who are at their houses, or in private families are not reported.

* *Maladies Mentales*, i. p. 39.

† The admirable report upon Lunatics in France, in the "*Statistique de la France*," published by the French Government from official and reliable investigations, states the number of Lunatics in each Department, and each hospital, and place of refuge; but, unfortunately, it does not discriminate the sexes, so that the facts of that report are unavailable for our present purpose.

‡ *Rapport de la Commission pour l'Amelioration de la condition des Alienes, en Belgique*, p. 4.

According to their report, * there were in England and Wales, January 1st, 1844,

TABLE I.

Condition of Patients.	Males.	Females.	Total.
Private or self-supporting, }	2,161	1,911	4,072
Paupers,	7,701	9,120	16,821
Both classes,	9,862	11,031	20,893

These Commissioners seemed to have made no enquiry in the private families of the prosperous. This statement, therefore, as it does not include the self supporting patients who are not in Asylums, cannot be taken as a representation of all the lunatics of England and Wales.

Esquirol says, that there were in Norway, 995 male and 895 female lunatics; and in Paris, 6,156 males and 6,713 females insane. †

Almost the whole of our data for determining the number of insane in any community or nation, or in either sex, are limited to the observation of Hospitals, and these show, not the whole number of lunatics in any population, but only the numbers who have been sent to their care for cure or for custody.

For want of any accurate census of lunatics among the people at large, Esquirol collected the records of many Hospitals, and ascertained, that there were and had been confined in these during various periods, but equal for both sexes, 38,701 females and 37,825 males, showing a proportion of about 38 female and 37 male lunatics, which, he inferred, was about the proportion in which this disorder affected the two sexes. ‡

* Page 194.

† *Annales d'Hygiene*, iv. p. 351.‡ *Ibid.*

I have now collected the Reports of 159 Hospitals and licensed establishments, public and private for the insane in England and Wales, 8 in Scotland, 12 in Ireland, 37 in Belgium, 11 in France, 2 in Germany, 20 in the United States, and 1 in Canada,—250 in all, which for various periods, but equal for both sexes, have reported the numbers of male and female lunatics admitted. In the Reports of Great Britain and Ireland the re-admissions are not included; but as no exception of this nature is made in regard to the Hospitals of other nations, it is probable that the re-admissions are included.

The number and sexes of the patients admitted in these 250 Hospitals and establishments are shown in the three following tables :—

TABLE II.

*Male and Female Patients admitted into American Hospitals.**

Hospital or Asylum.	Location.	Time of record. Years.	Patients admitted		Males for 100 Fem.
			Males.	Fem.	
Massachusetts State,	Worcester,	1833 to 1849	1,707	1,650	
McLean,	Somerville, Mass.	1818 to 1849	1,661	1,371	
City,	Boston, Mass.	1839 to 1849	313	298	
Maine State,	Augusta,	1840 to 1849	474	394	
N. Hampshire State,	Concord,	1842 to 1849	274	273	
Vermont,	Brattleboro',	1846 to 1849	309	315	
Connecticut,	Hartford,	1824 to 1849	942	955	
Bloomington,	Bloomington, N.Y.	1821 to 1849	1,221	853	
New York State,	Utica,	1844 to 1849	1,209	1,167	
New Jersey State,	Trenton,	1848	47	39	
Pennsylvania,	Philadelphia,	1841 to 1849	839	710	
Friend's,	Frankford, Pa.,	1818 to 1849	547	525	
Maryland,	Baltimore,	1839 to 1849	623	446	
Virginia East. State,	Williamsburgh,	1836 to 1849	650	384	
Virginia West. State,	Staunton,	1836 to 1849	410	266	
Louisiana State,	Jackson,	1842, 1849	73	57	
Tennessee State,	Nashville,	1844 to 1849	215	101	
Kentucky State,	Lexington,	1824 to 1849	1,020	482	
Indiana State,	Indianapolis,	1849	51	53	
Ohio State,	Columbus,	1839 to 1849	716	649	
Temp. Asylum,	Beaufort, Canada,	1845 to 1848	122	112	
Twenty-one Asylums,			13,473	11,100	121

* Condensed from the annual reports of these Institutions.

TABLE III.

*Classification of the Asylums in England and Wales.**

No.	Classes of Asylums.	Patients admitted.		Total
		Males.	Females.	
15	County Asylums erected under Acts 48 Geo. III. and 9 Geo. IV.,	9,684	3,976	18,660
2	Asylums made by local Acts, 9 Geo. IV.,	243	298	546
2	Military and Naval Asylums, Clatham and Gosport,	1,286	22	1,308
2	Bethlem and St. Luke's, London,	7,891	11,559	19,453
10	Public Asylums, wholly or partly supported by charity,	4,215	3,331	7,546
30	Metropolitan, licensed to receive private patients,	1,314	953	2,267
3	Do. private and pauper,	2,998	3,065	6,063
51	Provincial, licensed to receive private patients,	2,756	2,061	4,817
44	Do. private and pauper,	5,277	4,645	9,922
159		35,672	34,910	70,582

TABLE IV.

Male and Female Patients admitted into Hospitals.

Nation.	No. of Hosp.	Patients admitted.		Males for 100 Females
		Males.	Females.	
American, †	21	13,473	11,100	121
English and Welsh, †	159	35,672	34,910	102
Scottish, †	8	2,832	2,429	116
Irish, †	12	6,213	5,752	108
Belgian, §	37	1,338	1,436	93
French,	11	4,737	4,295	114
German, ¶	2	521	320	160
	250	64,786	60,242	107

These 250 Institutions for the insane received 125,028 patients; of whom 64,786 were males, and 60,242 were

* Condensed from the separate Appendix to the report of the Metropolitan Commissioners in Lunacy. Folio 1844. The number of patients received in the Hospitals of Hanwell, Suffolk, and Lincoln, in one year, 1844, are added from the reports of those Institutions.

† Annual reports.

‡ Statistical Tables of the report of the Metropolitan Commissioners.

§ Rapport de la Commission chargée par M. le Ministre de La Justice, de proposer un plan pour l'amélioration de la condition des Aliénés en Belgique. Folio. Bruxelles: 1842.

|| Esquirol, *Maladies Mentales*, ii.

¶ Esquirol and Jacobi, p. 296.

females. This reverses the proportion given by Esquirol, and shows a preponderance of males.

We have no means of determining what proportion of all the lunatics in these several countries respectively, the lunatics in their Hospitals represent, nor, whether both sexes are represented equally or unequally, except in Belgium. In that nation there were 2,744 male and 2,361 female lunatics, * but of these only 1,338 males and 1,436 females were in the Hospitals. This shows a larger proportion of the females than of the males in the institutions devoted to their use, being 60 per cent. of the women and only 48 per cent. of the men who were insane throughout all Belgium.

If the same proportion of the lunatics of each sex is sent to the insane establishments in other countries as in Belgium, this would afford a means of calculating their true numbers, and the proportions of male and female lunatics. Thus, if in America, the numbers 13,473 males and 11,100 females admitted into the insane Asylums represent 48 per cent. of the former and 60 per cent. of the latter, at the several periods for which these are reported to be in the Asylums, then the true proportion of lunatics will be as 28,068 males to 18,500 females, or about 151 of the former to 100 of the latter. In Great Britain and Ireland the proportions will be as 93,168 males to 71,801 females, or as 129 to 100; and in France as 129 male to 100 female lunatics.

But leaving out this calculation, and supposing that the proportion of the insane of both sexes are truly represented in the Hospitals, we must yet compare these with the numbers of either sex from which they come.

In estimating the comparative liability of the sexes to insanity, it is not enough to compare the numbers of the

* Rapport de la condition des Alienes, en Belgique, p. 4.

male with the female lunatics ; but we should compare the proportion which the insane of one sex bear to the whole numbers of that sex, who are subject to this disorder, with a similar proportion in the other sex. In all established countries which are not peopled, in whole or in part, by recent immigration, there are more females than males, in all ages beyond childhood.

Almost all the cases of insanity occur after the age of 20. The proportion of those who become insane, previous to this period, is so small, that it may be left out of the calculation.

According to the last census there were in Great Britain and Ireland 6,724,079 males, and 7,309,264 females, above 20 years of age. If the sexes have borne the same proportion during all the periods from which the Hospital reports are taken, then the proportionate liability to insanity, so far as can be determined by the admissions into insane Asylums, will not be in the apparent proportion of 44,717 males to 43,091 females, but in the true proportion of 6,652 male lunatics to 5,894 female lunatics sent to these Hospitals out of a million of persons of each sex over 20 years of age, throughout the whole Kingdom ; or in the ratio of 100 females to 112 males.

In the 15 States of this country, from whose Hospitals the sexes are separately reported, and included in this calculation, there were in 1840, according to the national census, 2,687,271 males, and 2,581,062 females, over 20 years of age. Then the true proportion of the different sexes, contributed to the lunatic Hospitals, is not as 13,351 males to 10,988 females, the numbers actually received ; but as 4,957 males to 4,257 females from every million persons of each sex over 20 years old ; or as 100 females to 115 males, which is a difference in favor of

women, somewhat greater than that in Great Britain and Ireland.

In Belgium, according to the census of 1846, there were, over 20 years of age, 1,266,232 males, and 1,280,922 females. The whole number of lunatics in the nation was, 2,744 males, and 2,361 females, and of these 1,338 males and 1,436 females were in the Hospitals, which gives in a million of each sex of the liable age, 2,167 male and 1,843 female lunatics in the nation, and 1,056 males and 1,121 females in the Hospitals. Or, the whole amount of lunacy is as 116 males to 100 females; and lunatics under care in Hospitals are as 94 males to 100 females.

From this review of the facts which I have been able to obtain, we find that the proportion of males and females received into lunatic Asylums is not the same in all countries. The males predominate in the Asylums of America, England, Scotland, Ireland, and France, and among the people of Belgium. The females predominate in the Asylums of Belgium, among the people of Norway and of Paris, and among the paupers of England and Wales.

According to the estimates of authors, there is a similar variety of prevalence in various countries.

So far then as is known, we may conclude, that though it seems probable that males are more liable to insanity than females, yet this is not a universal fact in all places and in all ages.

In considering the relative liability of the two sexes to insanity, it would seem reasonable first to inquire into their respective anatomy and physiology, but here we look in vain for light; for those works that treat upon these subjects, even those which are devoted exclusively to the description of the brain and its functions, make no

distinction, in this respect, between males and females. They all describe the brain as one and the same in both. We can infer nothing from the anatomical structure, or the healthy action of this organ, as to the relative liability of either sex to lesion or functional disorder.

Anatomy and physiology, which make no revelation as to any inequality of the powers of the brain in the different sexes, are equally silent as to any difference in the amount of labor or suffering which either will bear, or of the burden under which either will falter.

Seeing then that there is no structural or functional difference of brain of the two sexes, which should lead us to suppose that there is any difference in their liability to mental derangement, we may next look to their temperament, their character, or position, which have no relation to their cerebral functions, and see whether there is any thing in these which lead to insanity in one sex more than in the other.

The temperament of females is more ardent, and more frequently nervous than that of the males. Women are more under the influence of the feelings and emotions, while men are more under the government of the intellect. Men have stronger passions and more powerful appetites and propensities. Women are more hopeful and confiding, especially in what regards the affections, but they are less given to sensual indulgence. Men are more cautious in regard to matters of a social nature. But in regard to the affairs that affect the intellect, they are more bold and less cautious. Their intellectual functions are oftener exercised without reference to the power of the physical organ. Their inclinations and propensities, of whatever nature, intellectual, moral, or physical, are more powerful and uncontrollable, and they are more likely to over-work and disturb the brain than women.

Women are more calm and patient, they endure difficulties and afflictions better than men, who are more uneasy and impatient under trial. It is said, and with truth, that women sooner yield, but being elastic recover again, while men being more firm, resist longer, and then break without power to rise again as readily as females do, when they are cast down.

The position of women exposes them less to many of the causes of insanity, such as some of the varieties and changes in life and fortune, accidents and injuries.

The difference of education and tastes, as well as of the habits and temperaments of the two sexes, concur also in producing a difference in exposure to many of the causes of mental disturbance.

The character of insanity is not one and the same in all persons. It is very various in its origin, its development, its progress, and its result in different individuals. It may arise out of a lesion of the brain, or merely a functional disturbance. There may be a structural change, as a softening or tumor, or watery effusion in this organ, or a growth of bone, or perhaps a malformation of the skull which produces pressure on its contents. Or there may be merely a derangement of function from excessive or wayward mental action or emotions connected with no organic change. This is the most common condition of insanity.

Functional derangement may be produced by some cause which does not act directly on the brain, but through some sympathetic irritation from a disturbance in other and even remote organs.

Among the prolific sources of the last description are the derangements of the stomach and the bowels, including all the nutritive functions, the irritations of the excretory organs, the urinary apparatus, the skin, and the lungs, and

also some diseases, fevers, measles, inflammations, &c. These are common to both sexes; but all the various and manifold derangements of the reproductive system, peculiar to females, add to their causes of mental disorder.

It will readily be supposed, that these causes of insanity are very numerous. The treatises upon this disease speak of its causes as many. The reports of lunatic Hospitals are intended to state all the circumstances, conditions, habits, or events, that seem to the physician, or are supposed by the friends of the patients, to be the real causes of their lunacy. The reports of the Bloomingdale Hospital mention 85 causes; those of the Western Virginia Hospital mention 75 causes; those of the Utica New York Hospital, 65; those of the Pennsylvania Hospital, 34; and all the reports of all the lunatic Hospitals of the United States mention 181 different causes of insanity.

The reports of some Hospitals reduce these causes to classes, of which 8 are reported from the Hospital at Worcester, Mass., 9 from the Hospital at Columbus, Ohio. The British Hospital reports state fewer causes than the American. The report of the Metropolitan Commissioners of Lunacy give from 8 to 16 causes for each Hospital, beside a class termed physical causes. This class, in those reports, usually includes epilepsy, palsy, injuries, and sometimes hysteria, and even puerperal mania, which, however, are sometimes stated separately.

Yet these causes of insanity, many as they are, even the 181 of the American reports, are capable of still further sub-division; and if they were reduced to their simple elements, they would be almost as numerous and various as the unkindly influences that can be brought to act on mankind. The term ill-health, as a cause of insanity, may be divided into almost the whole range of the nosology.

There may be error in these statements of causes in re-

gard to some patients. Some of these supposed causes may have been pre-existing, or even merely co-existing facts, rather than productive causes. And possibly some of them may have been the result of the diseased action, and the first manifestation or a part of the insanity. Yet, making all due allowance for the mistakes of friends or the misjudgment of physicians too eager to find causes, it may be assumed, that most of these facts or conditions had some, if not the principal influence, in the production of the mental disturbance.

Whatever truth or error there may be in this imputation of causes, it is the same for both sexes, and they are probably as correct for males as for females. And whatever deduction is to be made from, or discredit thrown upon, one, may with equal justice be imputed to the other. It is safe, therefore, to suppose, that the influence of these several causes holds the same ratio in regard to the two sexes as the statements that are published in the reports of Hospitals and the treatises upon insanity.

Having premised this, it will be worth while to examine the records of cases, to see how far these several causes have acted upon the brain of men and women, and also to examine each cause or class of causes separately, and consider how far either sex, from organization, temperament, education, habits, tastes, or position in life, is exposed to any or all of them.

We are reduced to this issue in all our inquiries whether males or females are most liable to become insane; for, as we have no means of determining, from the nature of the disease, or from anatomical structure, which are the most readily affected with lunacy, we must inquire, which sex is most exposed to the influences that produce it, or which has the most power to resist them.

The following table, which is condensed from the Brit-

ish, Irish and American reports before quoted, includes the cases of lunacy of which the causes are stated in reference to each sex separately. It will be seen that it contains only a small proportion of those which are given in Table IV., for the reports of many Hospitals do not state the causes in reference to the sexes; some do not state them at all; and all state them for only a part of their patients, giving a very large class, often half, or even more than half, in a class of unknown causes. Table IV. includes the admissions into most of the hospitals during the whole of the period of their existence. This period varies from 92 years in St. Luke's, London, to three months in Britton Ferry. The greater proportion of them have been established within 20 years. But the reports of causes, in the Commissioners' report, cover only a period of five years, ending with 1843. In America, the reports from the Hospitals of Worcester, Mass., of Utica and Bloomingdale, N. Y., Pennsylvania, Western Virginia, Tennessee, Ohio, and Indiana only, state the causes in reference to the sexes. All these, the British, Irish and American are included in the following table:—

TABLE V.

Causes of Insanity in Males and Females.

Causes.	Males.	Females.
Intemperance,	2,290	606
Vice and sensuality, *	467	320
Masturbation, †	243	17
Connected with poverty and property,	1,396	884
Domestic trouble, grief, loss of friends, } disappointed love, &c. }	1,017	1,856
Connected with religion,	785	782
Fright,	167	261
Bodily disorders, injuries, accidents, ‡ &c.,	1,718	1,949
Injury of the head,	381	112
Excessive study, devotion to theories, specu- } lations, politics, &c. }	451	153
Physical causes, palsy, epilepsy, &c.,	1,012	745
Puerperal, lactation, &c.,		926
Hereditary, §	1,754	1,810
	<u>11,686</u>	<u>10,421</u>

* This cause, or class of causes, is given in the British, but not in the American, reports.

Among these causes, females are alone exposed to those which grow out of the uterine and mammary structure and functions. The puerperal condition, lactation, and catamenial irregularities, are then so many causes of mental disorder added to them besides those which they are liable to in common with men. In determining the comparative liability of the sexes to lunacy by statistics, all those cases among females that grow out of causes connected with the reproductive system should be deducted from the whole number of cases of female lunacy, and the remainder compared with the whole number of male lunatics. Then we should be able to compare the numbers of lunatics of the two sexes whose disorders are produced by causes connected with the organization or functions that are common to both. This would leave a balance considerably in favor of females.

Ill-health, without designation, mere invalidity or low vital power, probably including many cases of dyspepsia, constipation, &c., and other derangements arising out of bodily inactivity or want of sufficiently powerful external stimulus of action, without doubt affects females more than males, because their habits and their position in the world expose or leave them in this condition more than men. They are, therefore, more liable to become insane from this cause than males.

This inference, which seems to be naturally drawn from the comparative condition and habits of the two sexes, and

† Masturbation is in the American, but not in the British, reports. It is probably included there in the class above,—vice and sensuality.

‡ It would have been much more satisfactory to have separated these classes of causes from this connection, and put it with the class below; and then made one class of all sorts of accidents to which males are more exposed than females. But, unfortunately for this purpose, the reports of some hospitals connect them together in this manner, and render it impossible to separate them.

§ Hereditary is not stated, as a distinct and sole cause, in the American reports, except in those from Tennessee, which include 5 of each sex.

from their relative liability to low health, is rendered somewhat certain by these Hospital reports, which show that while 1,949 females, only 1,718 males, were admitted into these lunatic establishments with disorders supposed to be produced by this class of causes.

The affections and tender sensibilities are more active in woman than in man. She finds more of her happiness in them. She cultivates them with greater success. She is more easily wounded through them, and suffers with a keener anguish when they are neglected or abused, or when the expectations founded upon them are disappointed. Thus, disappointed love, sickness or death or absence of friends or kindred, abuse from married partners, misconduct of near or dear relatives, which produce no small proportion of the cases of lunacy, act more frequently upon females than upon males. The reports show that 1,556 women and 1,017 men became insane from this class of causes.

Intemperance is a very prolific source of insanity. It is plain, that very many more men than women are addicted to this vice, and by a necessary consequence, it produces more lunacy among males than among females. This is shown by the experience of Hospitals, which report 2,090 male and 606 female lunatics, from this cause.

Poverty, destitution, its reality or its fear, anxiety about business, the hopes and disappointments in regard to property, are also prolific sources of mental derangement. But they affect the sexes unequally, for the reason that men are more bent on the acquisition of wealth. They make this the business of their lives, and devote to it their minds and their hearts much more than women; they are more engaged in those pursuits which have an uncertain issue; they have more plans to fail, and hence they are more exposed to disappointments, and misfortunes connected with business, speculation, and money, and they suffer more when these

troubles come upon them. Their minds are therefore more frequently disturbed from these causes than the minds of females. This, which is inferred from *a priori* reasoning, is demonstrated by the records of the Asylums, which show that 1,396 males and 884 females were made insane from this whole class of causes.

It is a common opinion that females are more devoted to religion than males. This is not the place to discuss this question. It may or it may not be true. But it is also generally believed that women are more subject to religious excitements and enthusiasm,—that they are oftener fanatical and extravagant. It is, consequently, supposed that more women than men must become insane from this cause. But the experience of Asylums refutes all such opinions, and shows that while 785 males, whose insanity was chargeable to this cause, were admitted, 782 females were received whose disorder had the same origin, making, at least, nearly an equal distribution of this class of causes. But if we compare these numbers respectively, with the proportion of the two sexes who usually attend upon, and engage earnestly in, religious exercises, there will be a manifest difference in the liability of the two sexes to insanity from religion, and that in favor of the female.

Excess of study, excessive devotion to various interests and pursuits, and anxiety about political or other success, are more common among men than among women. Men are more devoted to books, and investigations, and theories. They are more ungoverned in their ambition and eagerness to accomplish their purposes of gaining knowledge or for the advancement of science. Hence we should look for more male than female lunacy from this class of causes, and the Hospital records show, that 451 males and only 153 females were thus made insane.

Fright is an important element among the causes of men-

tal derangement. Women are more timid than men; they are less acquainted with the realities of the outer world, and less used to exposures and dangers; they are more ready to imagine evil when none or little exists or is threatened. Consequently they are more frequently alarmed by imaginary danger, and more overwhelmed by real danger. It is therefore reasonable to suppose that they would become more often insane from this cause than men, and the reports state that 261 females and 167 males were made insane by fright.

The British and Irish Hospital reports show a large number of insane from vice and sensuality,—467 men and 320 women, which is a probable index of the proportionate prevalence of vice and sensuality in the two sexes.

The American Hospital reports do not state vice and sensuality as a cause, but they show 248 males and 17 females insane from masturbation, which is not mentioned in the British and Irish reports, but is probably included under the last head. This difference we might naturally infer from the difference of passion and appetite, of sensibility and of self-control in the two sexes.

Injuries of the head, and accidents of all sorts, happen to men much more frequently than to women, on account of their difference of position, and the different nature of their employments and tastes. Of course, these causes must make more males than females insane, and hence we find 381 males and 112 females reported as lunatic from this class of causes.

A class of physical causes is given in the British and Irish reports, including palsy, epilepsy, &c. I know of no reason in the nature of the sexes to suppose that one or the other would be more liable to insanity from these causes; nevertheless the British and Irish records show, that, while 1,012 men, only 745 women were made insane from them.

Hereditary taint is given as a sole and exciting cause of many cases of lunacy in the British and Irish reports.

The Tennessee Hospital only, in America, reports this as a sole cause, and this gives only five males and five females whose lunacy is from hereditary origin alone. The Americans are accustomed to consider the hereditary taint as merely a predisposing cause, which is, in itself, dormant, and only prepares the ground for some new and exciting cause, which determines the insanity. Certainly but a small proportion of those who are born of insane parentage or ancestry, and therefore inherit the tainted constitution, become insane. The most remarkable family which I have been able to investigate has had insanity in some of its members for four generations. I have learned the history of 69 members of this family. Of these, fifteen are or have been insane, one idiotic, two epileptic, three had delirium tremens, three died of brain fever, one is subject to depression of spirits and unable to attend to business a part of the time, one is subject to frequent and violent headaches, one has nervous trembling amounting almost to constant chorea, and one has low spirits. All the rest, including children, so far as I can learn, are sound. But all these cases are so distinctly referable to some new and exciting cause, that the family deny, that there is any hereditary taint in their blood.

The history of other insane families will probably show a still smaller proportion of lunatics among them.

The fair inference then is, that the Americans are right in supposing that this hereditary taint is only a predisposing cause, and remains generally, and perhaps almost universally inactive, or certainly ineffectual, until some other cause shall excite the cerebral disturbance. Of course, this cerebral disorder is more easily produced, and by a smaller cause, in those who are thus predisposed, than in other fa-

milies, whose brains are more able to endure or resist the causes of disease.

If this be true, and if the causes, or classes of causes, to which the two sexes are respectively exposed, act with equal force on the brain which is hereditarily weak, whether it be of the male or the female, then we might suppose that the numbers of the hereditarily insane in the two sexes, would be in the same proportion to each other as the numbers of those who are insane without this predisposing cause.

There were received into the British and Irish Asylums during the periods herein quoted, 44,717 male and 43,091 female lunatics from all causes; this is in the proportion of 1,870 males to 1,805 females. But the numbers stated to be hereditarily insane are 1,754 males, and 1,810 females. This shows a greater proportion of hereditary insanity among women than among men, who were sent to the Institutions in Great Britain.

Whether this is an indication, that the hereditary taint descends more to females than to males, or that this taint being equally distributed, the causes that produce insanity among women act with more efficiency on the brains naturally weak than the causes that produce insanity among men, we have no means of determining.

We have no reason to suppose that the brain of either sex is more or less able to bear any definite amount of irritating cause than the other. It is true, that there are more males than females made lunatic by intemperance, or vice and sensuality. But the explanation is, not that alcoholic stimulation, or sensual indulgence, has more effect on the brain of the male than on the brain of the female, but, that more males than females subject themselves to the influence of these causes, being more frequently intemperate and dissipated.

Masturbation, excess of study, excessive mental action in business and in politics, disappointments in speculation and in ambition, accidents, injuries of the head, &c., create more lunacy among men than among women,—not because women can bear these disturbing causes better than men, but simply because they are less exposed to them.

On the contrary, grief, disappointed affection, domestic trouble, fright, &c., produce more insanity in the female than in the male sex. It must not be inferred from these facts, that the brain of men can bear more grief, disappointment in love, domestic trouble, or fright than women, but merely, that these causes come less frequently upon them.

It may be that from something in the very nature of the sexes distinctively, the male hopes for more, and cares for more of that which he cannot always obtain, in regard to property or outward distinction, and is, therefore, more readily overwhelmed when these fail; and that the female expects more, and sets her heart upon more of that which cannot always be obtained, in regard to the affections and domestic and social enjoyments, and is, therefore, more readily cast down when these fail.

But the true reason for the greater number of male than of female lunatics from the first and second of these classes of causes, and of the greater number of female than of male lunatics from the third of these classes of causes, is similar to the reason for the greater number of males than of females who are killed by cannon and musket shot;—not because a cannon or a musket ball is more destructive to a man than to a woman, but merely because more men than women go into battle.

To the question, whether males or females are more liable to insanity, no answer can be given from the cerebral organization or functions, nor from inherited weakness.

The consideration of the causes alone can solve the question, and from these a divided answer must be given.

In as far as men, from their habits, their position, and their exposures, are more frequently intemperate; in as far as they have more of the sexual passion, and less delicacy of sensibility, and, therefore, are more given to masturbation and sensuality; in as far as they are more involved in business, and more interested in property, in politics, in schemes of aggrandizement, and in pursuit of knowledge, and are, therefore, more frequently bankrupt, or disappointed, or over-wrought with labor and anxiety; in as far as they are more employed with machinery, and with powder, or more frequently travel and go over dangerous places, or are involved in strifes and bodily quarrels, and, therefore, meet with more accidents, falls, blows on the head, &c., than women;—in as far as men are more exposed to these exciting causes of insanity, there are more male than female lunatics.

But, in as far as females have more sensibility, and stronger affections, and more active sympathies, and, therefore, suffer more intensely from grief, and loss or sickness of friends, and more from a cause almost peculiar to themselves, in the want of domestic sympathy, and in the ill-treatment of intemperate or unkind husbands or children or other kindred; in as far as females are more sedentary, and are, therefore, more frequently dyspeptic, or suffer secondary irritations from the sympathy with the reproductive system, and have, therefore, more ill-health, and inasmuch as they are more timid, and are, therefore, more exposed to fright;—in as far as these causes operate more upon women than upon men, females are more liable to insanity than males.

The general class of physical causes, including epilepsy, palsy, insolation, and often, catamenial disturbance, in the British Reports, produced a large excess of male lunacy.

In as far as this class of causes operates in Great Britain, notwithstanding some Hospital reports include uterine and mammary causes in it, men seem there to be more liable to lunacy than females.

The question resolves itself into another, that is,—which of these causes, or classes of causes, prevails the most frequently and extensively? And to this the answer must vary with various countries, and in different ages, and different states of society.

But the general answer now to be given, from the facts which present themselves from Great Britain, Ireland, France, Belgium, and America, is, that those causes of insanity which act upon males are more extensive and effective than those which act upon females, and therefore, within the periods covered by the reports which I have analyzed, and in those countries from which these reports come, males are somewhat more liable to insanity than females. But this must vary with different nations, different periods of the world, and different habits of the people.

Thus the recent investigations corroborate the general truth of what Esquirol said, twenty years ago. “The relation of insanity to the sexes varies from north to south, from nation to nation, from province to province. In Scotland, the sexes have equal proportions of lunacy. In England, there are less female than male lunatics. In the north of France, the female lunatics, and in the south of France, the male lunatics, predominate. In Naples, there are two female to one male lunatic; but in Milan, this proportion is reversed.” *

* *Annales d' Hygiene*, iv, p. 351, 2.

II. THE COMPARATIVE CURABILITY OF MALE AND FEMALE LUNATICS.

In this branch of the topic, whether insanity is the most curable in the male or in the female, we have no data to presuppose the facts. We know of no way by which we can determine, in the advance, whether the male or the female will recover most easily from lunacy.

Yet we have the record of the experience of the Asylums before quoted, from which the facts in the following table are taken.

TABLE VI.

Admissions and Recoveries in Hospitals.

No. Hospitals.	Patients admitted. *		Recovered.		Recov. per cent.	
	Males.	Fem.	Males.	Fem.	Males.	Fem.
143 English,	36,013	35,161	13,955	14,976	38.7	42.5
6 Scottish,	2,505	2,173	1,207	1,084	48.1	49.9
12 Irish,	6,213	5,752	3,311	3,351	53.2	58.2
6 French and Belgian,	1,719	1,430	710	647	41.3	45.2
17 American,	11,344	9,430	4,494	3,646	39.6	38.6
189 Hospitals,	57,794	53,946	23,677	23,704	40.6	43.9

These numbers of admissions and cures are those of the same years in regard to each Hospital. Of course, all the persons cured are not precisely those here stated to be admitted. Some were admitted into some of the Hospitals, before the reports, from which these facts are taken, began; and the cures include some of these. On the other hand, the statements of admissions include some that were yet curable, though not cured at the date of the last report. Nevertheless, the columns of admissions and cures are both for the same years in regard to each sex; and whatever error there may be in respect to

* The numbers admitted according to this Table are not exactly the same as stated in Table IV on page 147. The reports of some Hospitals state the admissions, but not the recoveries, according to sexes, and the Vermont Asylum states the sexes of the patients admitted, but not of those discharged.

one, holds equally for the other; and it is reasonable to suppose, that the cures or curability of the sexes admitted into these Hospitals, bear the same proportion to each other as these figures represent.

We see, that in the Asylums of most of the countries here quoted, the proportion of cures to the admissions, and the probable curability, is greater among females than among males, and in the English and Irish Asylums this proportion is materially larger, being an excess of 9 per cent. In France, Belgium, and Scotland, the difference is less, but still in favor of the females.

This difference will justify no very bold conclusion in regard to the curability of the sexes, but whatever inference can be drawn is in favor of women. Yet in the United States the preponderance is slightly in favor of the males.

Some inference may be drawn from the final results of special causes. Unfortunately very few have published the remote results of the causes of this disorder. The reports of the State Hospitals of Massachusetts, and of Ohio only, have noticed this fact. But taking these few data alone, we have the facts and deductions in the following Table.

TABLE VII.

Relation of Causes of Insanity to Recovery.

Causes.	Cases admitted.			Cures.	
	Worcester, 1833 to 1848.	Ohio, 1839 to 1849.	Total.	No.	Per cent. of admissions.
Ill-health, fever, measles, } puerperal, wounds, &c., }	443	392	835	588	70
Intemperance,	287	56	343	198	57
Masturbation,	158	44	202	60	29
Epilepsy,	56	52	108	12	11
Palsy,	44	. .	44	7	15
Religious,	196	75	271	197	72
Affliction, disappointments, fear, &c.,	397	196	593	312	53
Property, poverty, &c.,	129	53	182	106	58

We see, from this Table, that some of the causes, as ill-health, &c., which act more on women than on men, produce a most curable form of insanity. Under this head is puerperal mania, which is among the least permanent kinds of this disorder. And on the other hand, masturbation and epilepsy, which produce the most incurable disorder, act much more frequently on men than on women.

It may reasonably be supposed, that that derangement of the brain, which is produced and kept up by the irritation from, or sympathy with, a cause acting in another and remote organ, would be more readily cured by the removal of the active cause, than that cerebral derangement which is produced by some disorganization or exhaustion of the organ itself. If so, then the mental disorders arising out of ill-health, or disturbances of remote viscera, are more curable than those which arise out of masturbation and epilepsy, or even intemperance.

The mental disorders that grow out of afflictions, domestic troubles and disappointments, which are among the leading causes of female lunacy, seem to be somewhat more curable than those that are produced by causes connected with property, business, and poverty, which are prominent among the causes of insanity among men.

III. MORTALITY OF MALE AND FEMALE LUNATICS.

The question of the comparative mortality of male and female lunatics, must be treated and determined in the same way as the others,—by the results of experience. We have no satisfactory record of the connection of the causes of lunacy with mortality. Yet it is manifest, that in whatever class there is the largest proportion of recoveries there must be the smallest proportion of deaths.

Therefore, if there are more females than males restored out of a definite number of lunatics of each sex, there must be a smaller number of deaths of females. This is as plain as arithmetic can make it; because those who are not restored are left to die in their lunacy; and the larger the number of the uncured, the larger must be the number of deaths.

Moreover, if more of one than of the other sex are made insane by removable causes which produce curable disease, as far as these causes operate, that sex is less exposed to death in lunacy. Of course, there must be fewer deaths among the lunatics who are made so by general ill-health, than among those whose disease is produced by epilepsy or masturbation.

These deductions from causes and recoveries are substantiated by experience. Going again to the analysis of Hospital records we find the following facts:—

TABLE VIII.

Mortality of Male and Female Lunatics.

Hospitals.	Patients admitted.*		Deaths.		Ratio to admission.	
	Males.	Fem.	Males.	Fem.	Males.	Fem.
English,	36,199	35,331	8,428	5,441	23	12
Scottish,	2,505	2,173	418	252	16	11
Irish,	6,213	5,752	1,213	990	19	17
French and Belgian,	1,719	1,477	634	360	39	26
American,	11,344	9,430	1,612	1,104	14	11
Total,	57,980	54,163	12,311	8,147	21	15

This Table corroborates the inference which might be naturally drawn from the statements and arguments in the two preceding branches of this subject,—that females are less liable to death than males while insane.

* See note to Table VI page 164.

IV. MORTALITY OF MALES AND FEMALES FROM ALL DISEASES
OF THE BRAIN AND NERVOUS SYSTEM.

The inferences drawn in each of the preceding parts of this report,—that males are somewhat more frequently attacked with insanity,—that they are less curable when insane,—and that they are more liable to death in their lunacy than females,—finds an indirect corroboration in the records of general mortality.

I have analyzed the Registration Reports of Deaths, for various years, of England and Wales, of Massachusetts, of the State of New York, the city of New York and of Philadelphia.* These in all years publish the causes of deaths, but they do not always distinguish the sexes. But these mortuary registers, in those years in which they specify both the diseases and the sexes, report the deaths of 2,169,875 persons, including 1,103,198 males and 1,066,677 females; of whom 326,072 died of diseases of the brain and the nervous system. It might be supposed, that these cerebral and nervous diseases would be distributed equally between the sexes, or at least in due proportion to the whole number of deaths, or to the numbers of the living in each sex. But so far from this, 178,255 males, and only 147,817 females, died of neurotic disorders. Comparing these with the total deaths from all causes, we see that 16.15 per cent. of male deaths, and only 13.85 per cent. of female deaths, were produced by this class of diseases.

The following facts were condensed from the reports

* Reports of the Registrar General, for five years and a half,—1837 to 1842.—Registration of Births, Marriages, and Deaths, of Massachusetts, for four years,—1845 to 1848.—Do. of the State of New York, for two years,—1847 and 1848.—Inspector's Returns of the city of New York, for ten years,—1838 to 1848, except 1843.—Bills of Mortality of Philadelphia, for twelve years,—1835 to 1846.

above-mentioned, from countries, states, and cities, containing 9,396,835 males, and 9,174,107 females.

TABLE IX.

Mortality of Males and Females from Diseases of the Brain and Nervous System.

Diseases of the brain and nervous system.	Deaths.		Ratio in each sex.		To 1,000,000 living	Fem.
	Males.	Fem.	To 10,000 deaths.	Fem.		
Insanity,	1,371	1,277	12.4	11.9	145	120
Epilepsy,	4,097	3,481	37	32	425	357
Apoplexy, compression, congestion, }	19,927	17,979	180	168.5	2,120	1,844
Palsy,	15,807	17,134	143	160.5	1,692	1,757
Inflammation, brain and nervous fevers, }	10,651	8,754	96	82	1,133	893
Convulsions,	86,433	68,905	783	645.9	9,198	7,068
Hydrocephalus,	30,396	24,444	275	229	3,234	2,507
Chorea,	64	142	.5	1.3	.6	1.4
Delirium tremens,	2,593	398	23	3.7	275	48
Tetanus,	744	223	6	2	79	22
Hydrophobia,	68	27	.6	.1	7	2
Diseases of the brain and head, }	6,104	5,053	55	47	649	518
All diseases of brain and nerves, }	178,255	147,817	1,615	1,385	1,893.9	1,529.4

Some of these diseases are almost exclusively those of childhood, and others of manhood. It is well, therefore, to compare these deaths with the number of the living in those periods of life at which these diseases are most usually fatal.

TABLE X.

Ratio of Mortality of Males and Females to living of each sex.

Diseases.	Numbers exposed.	Period of life.	Deaths.	
			Males.	Fem.
Apoplexy,	in 1,000,000 living,	over 30	6,005	5,173
Palsy,	" " "	"	4,763	4,930
Convulsions,	" " "	under 10	35,179	27,987
Hydrocephalus,	" " "	"	12,369	9,927

It would naturally be supposed, that more males than females would die of delirium tremens, hydrophobia, and

tetanus, on account of their habits, and exposures to accidents and rabid animals.

Perhaps a part, at least, of the excess of male deaths over the female deaths from apoplexy and congestion of the brain may be attributed to the more active cerebral action, and the accidents of men.

The excess of deaths of females from palsy over those of males must be, in part, ascribed to the excess of female population in the advanced ages at which this disease generally occurs.

But the excess of 22 per cent. of deaths from convulsions, and 24 per cent. from hydrocephalus, of males over the deaths of females from the same causes, is not what we were prepared to expect, nor can I find any explanation of the causes of these last differences.

It is not a little remarkable, that in these registries every one of the diseases of the brain and nervous system, all of those which come under the class of neuroses in the nosologies, except palsy and chorea, were more fatal to men than to women, when compared with the whole number of deaths, and with the numbers of living of each sex. And therefore this registration of general mortality, as far as it goes, shows that the female is much less liable to death, from nervous disorders at least, than the male.

We have no means of judging of the curability of these nervous disorders in the two sexes. Not knowing the number of persons attacked with them, we cannot compare the successful with the fatal issue, and thus ascertain the relative violence of the diseases upon the two sexes, when they come upon them.

Nevertheless, there is an agreement between this record of mortality from all disorders of the brain and nerves, and the record of the experience of Hospitals for the Insane. They combine together to overthrow the

common notion that woman especially is subject to nervous disorders, and that man is comparatively exempt from them; and more than this, they show that the reverse is true,—that man is more exposed to, is less frequently cured of, and falls more under the attacks of this class of diseases than woman.

ARTICLE IV.

1. TWENTY-NINTH ANNUAL REPORT OF THE BLOOMINGDALE ASYLUM FOR THE INSANE, *being for the year 1849.* By C. H. NICHOLS, M. D., Physician to the Asylum. 8vo. New York : 1850.
2. FIRST ANNUAL REPORT OF THE GOVERNORS OF THE ALMS HOUSE, *New York, for the year 1849.* 8vo. New York : 1850.
3. FIRST ANNUAL REPORT OF THE COMMISSIONERS AND MEDICAL SUPERINTENDENT OF THE HOSPITAL FOR THE INSANE, *to the General Assembly of the State of Indiana.* 8vo. Indianapolis : 1849.
4. REPORT OF THE TRUSTEES AND SUPERINTENDENT OF THE BUTLER HOSPITAL FOR THE INSANE, *presented their Annual Meeting, Jan. 23, 1850.* 8vo. Providence : 1850.
5. THIRTEENTH ANNUAL REPORT OF THE TRUSTEES AND SUPERINTENDENT OF THE VERMONT ASYLUM FOR THE INSANE, *September, 1849.* 8vo. Montpelier.
6. TWENTY-SECOND ANNUAL REPORT OF THE PRESIDENT AND DIRECTORS OF THE WESTERN ASYLUM *to the Legislature of Virginia, with the Report of the Superintendent and Physician, 1849.* 8vo. Richmond : 1850.

7. ELEVENTH ANNUAL REPORT OF THE DIRECTORS AND SUPERINTENDENT OF THE OHIO LUNATIC ASYLUM to the *General Assembly of Ohio*, for 1849. 8vo. Columbus : 1850.
8. SEVENTEENTH ANNUAL REPORT OF THE TRUSTEES OF THE STATE LUNATIC HOSPITAL at *Worcester*, Dec., 1849. 8vo. Boston : 1850.
9. ANNUAL REPORT OF THE OFFICERS OF THE NEW JERSEY STATE LUNATIC ASYLUM at *Trenton*, for 1849. 8vo. Trenton : 1850.
10. REPORT OF THE TRUSTEES, STEWARD, TREASURER, AND SUPERINTENDENT OF THE INSANE HOSPITAL. 8vo. Augusta : 1850.
11. SEVENTH ANNUAL REPORT OF THE MANAGERS OF THE STATE LUNATIC ASYLUM (Utica,) *made to the Legislature*, Feb. 4, 1850. 8vo. Albany : 1850.

1. The returns for the year 1849 are made up by Dr. Nichols with conscientious accuracy and discrimination.

Thus he takes care to mention that there have been six re-admissions of cases which had either remained at the end of the year 1848, or been subsequently admitted. He also states, that there were ten cases of insanity from intemperance amongst the whole number. "The year therefore commenced with 117 persons whose disease was insanity proper, and 81 other persons with the same disease have been received since, making 198 insane persons who have enjoyed the benefits of the asylum."

Of the whole number (214,) 44 are reported as recovered ; 33 as improved ; 13 discharged unimproved ; 20 dead, and 103 remaining in the asylum at the end of the year.

In consequence of the establishment of an asylum by the State of New Jersey, the number of patients formerly

received from that State, has been greatly diminished. Only three have come during the year from New Jersey.

Dr. Nichols offers some striking remarks on the necessity of dividing the insane into families, corresponding as far as possible to their former condition in society—but above all, to their respective habits and sensibilities. “If it is impossible for sane people of widely different tastes and means to associate agreeably together, no one need be surprised at the wounded pride and bitter envy which patients from the two extremes respectively experience when brought together in close proximity in an asylum for the insane.” And again “a thorough classification in view of the most effective moral treatment, cannot, I think, be made, except in the absence of the necessity of considering, or temptation to consider, the social position or wealth of those under care.”

The premature removal of patients, who are only *improved*, not *cured*, and which we are very sorry to observe, is becoming quite too common, is dwelt upon by Dr. Nichols. We select the following observations :

“The other principal cause of the many premature removals we have had to lament, is still more disheartening, for it appears to me to be one of the serious exhibitions of that blind, but well meant, habit of present indulgence which has neither the far-sight to devise, nor the resolution to execute, such a comprehensive system of denial and discipline, as will secure to the individual the greatest amount of happiness and usefulness through life, and most effectually fortify him against its sure vicissitudes and trials. One cause often seems to give rise to the disease, then to submit it to treatment too late, and, lastly, to remove it too soon. A kind-hearted father, for instance, indulges his son in follies, which, through many progressive steps, perhaps, lead to insanity, and the unfortunate young man is placed in our charge. In the course of a few weeks or months, he attains such a degree of calmness and reason, that when his attention is attracted by something unusual, or a strong motive is presented to him, he can, for a short time, exercise decent self-control, and at this stage of his recovery his parent visits him, and is surprised to find him so well. During this short interview his conversation is coherent, and betrays no delusions, and there is nothing outrageous in his conduct. The son asks to go home, and earnestly pleads discontentment, confinement and many privations; he has never been denied a request in his life, and why should he now, especially when he is sick, and has unusual claims upon the sympathy of his natural protectors. If he is not entirely well now, the most difficult part of his treatment has surely been accomplished; and, certainly, a person appearing so well, can be managed, and the residue of his recovery effected by his friends at home.

He is accordingly taken from us, just as we are about to realize the fruits of much severe and anxious labor. He rarely does fully recover, but, with his undisciplined thoughts and passions less under control than before, goes through life without real happiness, or usefulness, or honor. More probably he relapses; and if returned, we are obliged to go over the same tedious and difficult course again, and deem ourselves but too happy if we at last attain the end for which we have had a double race.

"In other cases, people seem to commit their friends to our care, merely as an empirical experiment; and where there is not an enlightened faith, there is impatience and easy discouragement. If the patient is not well at the end of a few weeks or months, a fresh experiment must be tried, and so on till the friends so called, or their victim, are exhausted."

No case of cholera occurred during the year, and but few of dysentery, although the latter prevailed in the neighborhood.

"Taking all the individuals who have been inmates of the Asylum some portion of the past year into review, one had been laboring under mental derangement more than fifty years; six, more than forty years; five, more than thirty years; nineteen, more than twenty years; twenty-three, more than ten years; twenty, more than five years; twelve, more than four years; nine, more than three years; fifteen, more than two years; twenty-one, more than one year; twenty, more than six months; and forty-seven, less than six months; and of the latter sixty-seven cases, there were fourteen second attacks, eight third, three fourth, one seventh, and one ninth attack; leaving forty cases, or 20.10 per cent. of the whole, occurring for the first time, and not of more than one year's continuance.

"Now the preceding statements and remarks are sufficient to make it understood, that, taking the curability of insanity upon the circumstance of duration alone, there have been in the Asylum, during the year, one hundred and thirty-one chronic or incurable cases, and sixty-seven cases supposed to be recent or to justify expectations of recovery.

"I have thus indulged a little in this path of inquiry, in order that the public—which, without explanation, would naturally look for cures in proportion to the number of persons under care—may not expect too much of us in the way of recoveries; that we may not be expected to cure what is incurable; and in order to introduce a few words upon the proper functions of an Asylum for the insane.

"An Asylum, I take it, is for the sufferer who resorts to it, a place of retreat and security from the world, that, notwithstanding partial exceptions, is in its pursuits, its enjoyments and its hopes, rude and unsympathizing towards the afflicted; and though Asylums for the insane are obliged from the character of the subjects they befriend, to exercise custodial powers, they should be regarded as in direct and extreme contrast to prisons, in which individuals are, penally confined for the protection of society. On the other hand, many insane persons are always dangerous to others, while at large; in harmless cases so capricious are their impulses, and sudden the change at times in the form of their malady, that the presence of a maniac, no matter how partial the disease, is scarcely ever without danger.

"While then the most humane and efficiently restorative treatment of those who may be expected to recover from the loss of reason, must be considered as the first and highest office of an institution of this kind, that it furnishes a safe and comfortable retreat for the hopelessly afflicted, is scarcely less gladdening to the heart of the philanthropist. In almost every case of incurable as well as curable mental derangement, the welfare of the individual requires some abridgment of personal liberty: but when this is attempted by the sufferer's friends at home, the undertaking is almost always attended with the most

painful difficulty on their part, and with great offence to him who fancies himself the victim of the most cruel oppression, and in consequence, experiences an aggravation of his malady and of his misery. Under the constant but gentle pressure of the mild discipline exercised by kind and experienced officers and attendants, in the classification, in the architectural arrangements, and in the appropriate amusements and exercises of a well conducted Asylum are alone to be found the combination of circumstances which, while they are most conducive to the restoration of the curable, are best calculated to smooth the path of those, the balance of whose way to the tomb lies in darkness and in tears. As long as death is not always nor most commonly the alternative to recovery in insanity, institutions for the protection and comfort, as well as the cure of the insane, will continue to have a large number of incurables in their custody; but to those who look most ardently for the happiest event of Asylum treatment, the presence of a considerable proportion of the less fortunate class of inmates should not be objectionable. To most of the quiet, long domiciled patients in an Asylum, its discipline has become an agreeable habit, and as new patients naturally imitate the ways of old ones, to the latter class are we often not a little indebted for materially promoting an acquiescence on the part of new comers to such measures as are designed for their good.

"Again, in our religious exercises, in all our amusements, in the most effective plans of moral treatment—those in which our inmates themselves take an active share—our protracted residents are our main dependence, and in this respect they do their friends an incalculable good.

"It would appear then that the custodial is as legitimate as the curative function of an asylum, and but one degree less benevolent."

As the present is Dr. Nichols' first annual Report we have given more copious extracts from it than we would otherwise have done. And we have risen from the examination with a high opinion of his frankness, good sense, and ability. We doubt not, if he be allowed the just influence which he deserves, with the administrative powers of the Asylum, the reproach sometimes thrown upon the Bloomingdale Institution as being "behind the age" in improvements, will be speedily withdrawn.

2. The Governors of the NEW YORK ALMS HOUSE have a mighty charge under their care. In glancing over the pamphlet before us, numbering upwards of 200 pages, and ornamented with several engravings, we find that to them are committed the safe-keeping and direction of the City Prisons, three in number; the Bellevue Hospital; the Penitentiary; the Alms-House and the Lunatic Asylum on Blackwell's Island; the Nurseries on Randall's Island; and the Work House, now established at Blackwell's Island, with the department of the Out Door Poor.

How well they have discharged their duties may be in some measure learnt from the present report, and still more from the approbation of their fellow-citizens in New York.

We must, however, confine ourselves to a notice of the report of Dr. M. H. Ranney, resident physician, on the condition of the Lunatic Asylum, Blackwell's Island, for the year 1849.

There were remaining, Jan. 1, 1849,	437
Admitted during 1849,	459
	896

Of these there were

Discharged,	283
Died,	212
Remaining Jan. 1, 1850,	401
	896

The great mortality was owing to the occurrence of cholera, of which and its allied diseases, no less than 138 perished. "There were 497 patients in the Asylum, and 80 Penitentiary help, when the cholera first made its appearance, making a total of 577 inmates. Of this number 148 were attacked; of which, 91 died, and 57 recovered."

It is not surprising, if the previous condition of patients admitted to this institution be considered, that cholera should supervene, when it was prevalent in adjoining places, and particularly under unhealthy states of the atmosphere. Dr. Ranney gives us cheering accounts of the progressive improvements induced by proper classification and judicious treatment. The visiting physicians (Drs. A. V. Williams and Benjamin Ogden) corroborate this statement, and mention that with the exception of the deaths from that disease, the mortality was less than in the previous year.

Still, the situation of Dr. Ranney is among the most trying of any of his class. The greater part of his patients is made up of the degraded, or intemperate, or of the homeless emigrant; and it is, indeed, worthy of all commendation, if under such unpromising circumstances, the per centage of recoveries, (as we are assured by the visiting physicians) compare favorably with other Asylums.

3. INDIANA INSANE HOSPITAL.—The present is the first annual report. The medical officers are R. J. Patter-

son, M. D., superintendent, and J. Natt, M. D., assistant physician.

The number of patients admitted from Dec. 1, 1848 to Oct. 31, 1849, was, (53 males, 51 females,) 104.

Of which were discharged,

Recovered,	20
Improved,	4
Died,	4
	—
	28

Remaining,

74

There were 74 chronic cases, and 30 recent cases, admitted, and again 3 chronic cases, and 17 recent cases, were discharged cured.

Of the deaths, two were from consumption, and one from apoplexy, and the fourth from injuries by frost bite previous to his admission, which required amputation, and under the conjoined effects of which he sunk.

Many of the chronic cases are unpromising, having been "removed from county jails and other receptacles of various kinds, where they had been confined, not for any crime, but from necessity, for safe keeping."

The causes assigned, so far as they could be ascertained are the usual ones given in the statistics of Insane Hospitals,—intemperance,—ill treatment,—religious excitement,—domestic afflictions, &c.

Of those admitted, sixty were married, and forty-four single. Again of the one hundred and four cases, twenty-five are known to have insane relatives.

The treatment employed by Dr. Patterson has been of the eclectic description now so generally used. Bleeding and drastic purgatives are injurious. Laxatives are useful, as are also narcotics and tonics.

We subjoin his remarks as to *Visitors*.

"Within the last eleven months, more than five thousand visitors have been permitted to visit the wards of this Institution. On some public occasions, more than one hundred have called on the same day. We have not desired to refuse any, though we have felt it a duty to do so, on some occasions, when there has been more excitement in the house than is usual, and when a large number have called at the same time. A few have also been refused, when they have called at an improper hour.

"Admitting visitors to the wards occupied by patients, rarely, if ever, does the insane good, but is liable to do them harm. Some persons, I regret to say,

visit the Hospital for the apparent purpose of gratifying a morbid curiosity—to see how a crazy man looks and hear how he talks. It has ever been revolting to our feelings, and contrary to our sense of duty and propriety, to make an *exhibition* of our patients.

"There are other persons who have visited the Hospital for the purpose of ascertaining the nature of the accommodations for the insane, and because they feel an interest in their welfare. Such persons, we have always been happy to see, and shall henceforth, esteem it a pleasure and a privilege to wait upon them, and give them all the information in our power."

4. BUTLER HOSPITAL FOR THE INSANE.—This Institution, situated at Providence, (Rhode Island,) owes its existence to the liberality of Nicholas Brown and Cyrus Butler, the first of whom gave thirty thousand dollars, and the last forty thousand. To these, Alexander Duncan has added the sum of twenty thousand dollars.

Dr. Isaac Ray, the superintendent and physician, reports that there remained at the end of the previous year,

	Males.	Fem.	Total.
	56	44	100
Admitted during 1849,	42	51	93
	—	—	—
	98	95	193
Discharged,	47	39	86
Remaining Dec. 31, 1849,	51	56	107
	—	—	—
	98	95	193
Of the discharged there were,—			
Recovered,	24	11	35
Improved,	10	14	24
Unimproved,	2	5	7
Died,	11	9	20
	—	—	—
	47	39	86

The causes of death were as follows:—

Dysentery,	4	Epilepsy,	1
Disease of the heart,	1	Large abscess,	1
Intestinal perforation,	1	Pulmonary disease,	1
Acute mania,	4	Chronic mania,	7

We have generally found the annual reports of Dr. Ray to be highly interesting, and containing many mat-

ters that should be spread throughout the length and breadth of the reading community. The importance of committing the insane to the guardianship of Hospitals intended for them, has seldom been more strikingly illustrated than in the following extracts.

"When the disease is of such a character as to deprive its unfortunate victim of all self-control, and a regard for his own safety, as well as a sense of propriety, require his seclusion, no place is so poorly fitted for the purpose, as the home of his healthy and happier days. For want of those architectural arrangements that are impossible in an ordinary dwelling, he is necessarily deprived of freedom, purity of air, and intercourse with his fellow-men, to such a degree that, unless blessed with a constitution remarkably vigorous, he rapidly sinks into a state of physical and moral degradation, painful to behold, and, if his sensibilities are not entirely blunted, still more painful to bear. The superior comfort enjoyed by such a person in a well-ordered Hospital is so generally admitted, that it needs no comment from us, but the relief his removal brings to the domestic circle in which his presence has been the source of infinite anxiety, disorder and annoyance, is an inestimable benefit, though scarcely recognized beyond the little circle itself. Neither does the evil consist exclusively of a deprivation of ordinary comfort, or an increase of domestic care, great as they unquestionably are. The effect produced by this intimate association of the sane with the insane, is physically and morally prejudicial to the former. Nervous females become anxious, excited, and brought to the very verge of the same disease with which they are habitually in contact; but, worse than that, the sensibilities of the young, and it may be, of the old, are blunted and perverted by daily exhibitions, the real nature of which they cannot understand, and all not endowed with remarkable patience and equanimity, are too often inclined to feel as if the once loved and cherished object had become the conscious and voluntary author of mischief and annoyance.

"In a recent report concerning the condition of the insane in Ireland, it is stated that when a case occurs among the peasantry, requiring confinement, a hole is dug in the earth which makes the floor of their cabin, large enough to admit the body of the patient, with an opening at the top to allow the head to come up, and into this hole the wretched creature is thrust in many cases, no doubt, never to come out alive. This is a deplorable, a shocking spectacle, and to some, no general conceptions can convey such a lively impression of that mass of wretchedness which rests upon a whole people, as this single detail. I believe, however, it is not materially different from what may be witnessed not unfrequently, even among ourselves. The main features, the restraint, the neglect, the annoyance, the brutalization, are certainly the same. In one respect, no doubt, there is a difference. The former is the result of a necessity that no possible effort can avoid; the latter too often springs from a heartless parsimony that grudges the requisite expenditure. This is so well illustrated by a case given by Dr. Butler, the superintendent of the Hartford Retreat, in his last report, that I quote it, not so much because it presents any remarkably novel or extraordinary features, for it has been too often paralleled to possess that quality, as for the purpose of supporting those appeals to humanity which frequently fall on incredulous or indifferent ears.

"A. B., of C., was brought into the Institution in 184—. The following is the history of the case as given by the intelligent gentleman who brought him to the Retreat. B. is 36 years of age, and has been insane 20 years. When young, he was considered, in point of intellect, quite equal to most boys of his age, and was fond of reading and mathematical studies. From some unknown cause he became a violent maniac, destroying every thing in his way, and dangerous. The family became afraid of him and chained him up in a room or

pew, partitioned off from the stable in the barn. He would tear his clothes and any bed clothing provided for him, so that he would often be entirely naked the coldest nights in winter, without appearing to suffer by the exposure. His usual dress was nothing more than a coarse flannel frock, and without any thing for a bed but loose straw. He remained in this state for years, when his father becoming poor, called on the town for help. The selectmen went and found the man as described, and consulted with the father as to what should be done. Their conclusion was, that if the father had kept him in a barn, it would not be improper for the keeper of the paupers to do the same. Accordingly he was removed from place to place, as the paupers were changed, and kept as his father had kept him. He was generally fed as we feed swine, had nothing but his hands to feed himself with, and, as all his filth remained in his stable for many days, it was a fearful job to attempt 'to clear it out' as the saying was. He was in an out-building, and without fire for the 12 or 15 years that he was supported by the town. He was in a sitting posture so long that the cords of his legs contracted, so that his knees are drawn up to his breast, while his legs are drawn up close to his body.

"The only comment on this narrative which the occasion requires, is the simple statement, that if any one supposes such cases are confined to Connecticut, he labors under a grievous mistake."

We also note as worthy of serious consideration, the remarks on the health of females in a manufacturing community.

"In a Hospital for persons laboring under so serious a disorder as insanity, the general state of health will seldom compare very favorably with that of the surrounding country. In this connection, you may have observed, that our admissions, especially of females, have included an unusually large number in a low state of health; not suffering so much from any specific disorder, as from an enfeebled condition of the vital powers, proof against all restorative influences, and terminating more or less directly, in their utter extinction. In them insanity seems to be but one, and that not the least, of a train of morbid phenomena that proceed from the general condition of the system. They sometimes run down to the extreme limit of life, without our being able to localize any disease, or to say why they should die rather than live. The question is not whether they will recover their reason, but whether they will live, and they actually furnish a greater number of deaths than recoveries. The causes which induce this form of insanity do not act principally and immediately upon the brain, but produce a general deterioration of health in which this organ suffers in common with the rest. There may be, perhaps, special reasons why the brain should be involved in the morbid action going on, such as hereditary tendency, or shocks of the moral affections, but these are, unquestionably, secondary and subordinate to a more general and efficient cause—one that is to be found in the habits and character of our people. The spirit of industry instead of being easily satisfied with the abundant rewards by which it is usually followed among us, is only stimulated thereby to fresh exertions, and so often are they carried beyond the powers of the constitution, as to become a prolific source of ill health. Especially is this the case with the female sex. Not enjoying equal opportunities for relaxation with the other sex, exposed to fewer temptations to idleness, and stimulated by the laudable ambition of not being surpassed in the visible results of their industry, their application is steadier and severer. The strength of youth may carry them through their earlier years, but the additional labors and trials of the married state require additional drafts upon the constitution which it is not easily able to answer. A train of functional disorders make their appearance one after another, of which insanity sooner or later forms a prominent member. They are placed in an Institution for the

benefit of those restorative influences which are popularly supposed to be generally successful, but the laws of nature have been violated beyond the reach of human relief, and a few weeks or months of suffering close their earthly course. In a manufacturing community, this class is unusually large, for the simple reason that the higher wages of factory-labor are a stimulus to extraordinary exertions. The love of accumulation leads to frequent extension of the daily task, interrupted by scarcely any pause but that of the Sabbath, and relieved by no recreation but such as is occasionally afforded by attending a religious meeting of an evening. This rapid consumption of the nervous energies is first felt generally by the digestive organs. The appetite fails, the meals are eaten sparingly and hurriedly without gratification, and cease to maintain the equilibrium between the waste and supply of material. The brain and other nervous centres next become involved in the morbid action, as manifested by increasing irritability of temper, painful susceptibility to every impression, groundless anxiety and apprehension for the future, and a continual sense of short-coming in duty joined with gloomy forebodings of the consequences. With more or less rapidity this condition is aggravated, until it assumes the form of unequivocal insanity, and fortunate is the poor patient if she finally recover her reason after months of various suffering. Such deplorable results of ignorance or willful disregard of the laws of health may be witnessed in every Hospital for the insane, and furnish many contributions to their steadily increasing class of incurable cases. And we can expect no change for the better, until people recognize and act upon the truth that good health is a greater good than money."

The report concludes with the notices of eminent men who have recently died.

"Among the distinguished names that add a mournful interest to the obituary of the past year, are two whose eminent services in the cause in which we ourselves are laboring, seem to claim with peculiar appropriateness a word of grateful recognition in an annual record like this. I refer to Drs. Macdonald and Brigham. The former, after superintending for many years the Asylum at Bloomingdale, N. Y., with the unqualified approbation of its Directors, opened a private establishment for the care of the insane at Flushing, furnished with provisions for ministering to their comfort and enjoyment, upon a scale that has never been equaled in our country. He was a gentleman of rare professional attainments, and possessed of moral endowments that commanded universal respect and affection. Although more particularly devoted to the wealthier classes, he cared much for the welfare of those who have no other claim for care than the powerful appeal that human suffering always makes to the benevolent heart. The defective condition of the municipal establishment for the insane of the city of New York, was one of those appeals, and in conjunction with a few others, he undertook a series of changes that required much of his time and patience.

"His death which happened shortly after, prevented him from witnessing the full benefits of his labors.

* * * *

"Dr. Brigham commenced his labors in this department of the profession, as superintendent of the Hartford Retreat, from which he was called in 1841 to take charge of the Lunatic Asylum established by the State of New York at Utica. This Institution for a few last years the largest in our country, he endeavored to maintain in a state of constant advancement, and in this object he was eminently successful. He had high notions of the worth and dignity of his calling, and though constantly suffering with ill health he never relaxed his efforts to reach in it a point of distinguished excellence. The amount of labor he performed in carrying out his views was wonderful, and the traces of his superintendence will not soon be effaced.

"Since the above was written another has fallen whose name will ever be associated with the history of American Hospitals for the insane. For thirteen years Dr. Woodward was the superintendent of the State Lunatic Hospital at Worcester, Mass. A sanguine disposition which no obstacles could dishearten, a cheerful, buoyant temper that gilded every circumstance with bright and pleasing hues, and a cast of intellect that enabled him to make the most of the materials at his command, admirably fitted him for an office peculiarly fruitful in discouragements, and accompanied by a certain wear and tear of spirit less incident to other spheres of professional exertion. He was liberally endowed by nature, and every gift he improved to the utmost in the service to which he was called. He possessed in a remarkable degree, the faculty of impressing others with a sense of his abilities, and inspiring them, whether sane or insane, with confidence in his counsels. Many men have directed larger establishments, but few, I apprehend, have held such intimate and salutary communication with so great a number of minds."

5. VERMONT ASYLUM FOR THE INSANE.—This is the thirteenth annual report. The Trustees state that the buildings of the Institution have been enlarged during the last year, and that the accommodations for the patients have thus been greatly increased.

There remained at the close of the previous year,—

	Males.	Fem.	Total.
	158	154	312
Admitted during the year,	69	67	136
	227	221	448
Of these there were—			
Discharged,	67	53	120
Remaining,	160	158	318
			448

Again, those discharged, are thus classified,—

Recovered,	74	Improved,	22
Not improved,	12	Died,	22
			130

Since the opening of the Asylum, 1,450 have been admitted; 1,141 have been discharged; and 318 remain in the Institution. Of the 1,141 discharged, 666 have recovered, and 165 have died. Of those placed in the Asylum within six months from their attack, nearly nine-tenths have recovered.

The Asylum has escaped the prevailing epidemic diseases of the year. The deaths during 1849 have been twenty-two.

Dr. Rockwell, the superintendent, in his brief report makes the following remarks:—

"We have of late discovered no important new principles in the treatment of the insane. We watch the progress of improvement in this great cause of humanity, both in this country and in Europe, and endeavor to keep pace with every advancement that may be made. The medical and moral treatment of each patient is varied by the particular indication of each case. The great principles of our moral treatment are, kindness and employment. It is necessary that kindness should be accompanied with mildness and decision, varying according to the peculiarities and temperament of each patient. The employment selected for each should be such as will most interest his mind and divert it from his delusions. It should also be agreeable at the time, and such as will afford pleasant reflections afterwards."

6. WESTERN ASYLUM OF VIRGINIA.—Here also additional buildings are erecting, which will afford accommodations for two hundred patients.

The annual statistics of this Institution are as follows :

Remaining at the end of previous year,

	Males.	Fem.	Total.
	118	87	205
Admitted,	27	32	59
	145	119	264

Discharged,—

Recovered,	32	Much improved,	1
Improved,	2	Unimproved,	2
Eloped,	1	Died,	10
			48

Of recent cases within the year, the recoveries have been at the rate of 84.62 per cent. The following is particularly deserving of quotation. "The prospect for recovery in all cases remaining in the Asylum at this date is,

Favorable for	13
Doubtful,	19
Decidedly unfavorable,	184

216 "

The report is also furnished with copious tables on many subjects connected with the history of insanity. Thus the number of admissions during each season since the organization of the Institution, has been as follows :—

Spring,	175	Summer,	230
Autumn,	191	Winter,	159
			755

Again, the number of cases, of less than one year's duration, admitted during the thirteen years, has been 272, of which 198 have been discharged recovered.

Dr. Stribling, the superintendent, after congratulating the Directors on the exemption from pestilence of the inmates of the Asylum, goes on to remark;—

"Of the deaths reported, *three* resulted from old age, exhausted by slight physical disease; *four* from marasmus; *two* from chronic diarrhœa; and *one* from dyspepsia. The respective ages of the three first were 71 years, 75 years, and 79 years. All who have thus been taken from us, with a single exception, had been so long insane as to render recovery improbable, and hence we can but trust that the change has been to them a happy one.

"The course of treatment, both medical and moral, described at much length in former reports, has been continued with such results as to encourage us to persevere in its use without material modification. We aim to supply, in abundance and variety, food and amusement for the mind; to afford opportunity and incentives to physical exercise; and resort to medicine whenever the diseased manifestations of mind or body indicate its necessity. By far the greater portion of our inmates have been so long insane, and enjoy in so high a degree their physical health, that they rarely require medicine, and hence their comfort is, in the main, to be promoted by a judicious use of moral means. Amongst these, no one item ranks so high in our estimation as labor, or some occupation having attached to it the idea of usefulness. This seems strikingly adapted to all ages, and both sexes, and no class of patients seem so contented, or convalesce so rapidly, as those who are thus employed.

"Early in the year a gardener was engaged, who, with the aid of a few patients, (such as it was deemed prudent to withdraw for a certain portion of each day from the immediate supervision of their attendant,) has cultivated and greatly improved the lot designed as a garden; kept in good order the greenhouse, and bestowed much attention on the shrubbery and grounds. In addition to the great benefit which has resulted to patients thus occupied, the Institution has derived decided advantage in the abundant supply of vegetables furnished; an advantage, not alone pecuniary, but which, we doubt not, has contributed materially in producing the unusual good health which has prevailed throughout the establishment."

7. OHIO LUNATIC ASYLUM.—Dr. William M. Awtl, the Superintendent commences his report, by noticing the total exemption from cholera in this Institution, whilst it made "appalling havoc within the walls of the Ohio Penitentiary, which are within sight of our dwelling." He then notices some of the means employed to produce this remarkable exemption. They were the purification or removal of all animal or vegetable matter actually in or liable to be in a state of decomposition, with especial attention to cleansing and cleanliness within and without the buildings—thorough and repeated whitewashing in all apartments and passages, and the frequent renewal of fresh lime, in all sinks, gutters and sewers—the removal

of all basement window sashes, so as to leave a free passage of air beneath the sleeping apartments during the spring and summer, with outlets for the same in the attics or garrets—the free use of chlorine gas, or the chloride of lime, in all places where any impurity of air was found to exist—the securing of dryness in the atmosphere throughout the building, by fires in the furnaces on every cool morning and evening, and the substitution of simple mopping for scrubbing, on most occasions—particular attention to clothing—garments frequently changed, washed and dried, and the feet kept dry and warm—the avoidance of any exposure to dampness in bad weather and to the night air or the morning dews—exceeding vigilance in respect to diet. Fruits and vegetables were generally interdicted. Wheat, rice, fresh and salt meats were the principal articles used, and the only drinks allowed were tea, coffee and water. “So closely were the dietetic regulations enforced and green vegetables excluded, that we began to notice indications of scurvy in several patients, about the fore part of September, but the epidemic had then nearly disappeared, and a general return to the use of vegetables, especially potatoes and cabbage with vinegar, soon removed every scorbutic appearance and symptom of declining health.”

Again—there was extensive vigilance employed in regard to the daily and almost hourly condition of the bowels of every patient, and every one in charge of them was directed immediately to report any appearance denoting sickness of stomach or looseness of the bowels—however slight in degree—the number of patients was not permitted to increase—and some of the more harmless were allowed to make long promised visits—and all causes liable to produce excitement were discouraged. The last of these means employed as stated by Dr. Awl, we give in his own words :

“PRAYER.—Standing in awe of the mighty judgment and willing to be taught by the Ninevites, supplication was made before a throne of grace—reasoning, if humility or prayer could induce the Ruler of the Universe to regard the people of Nineveh, and repent of the evil that he had intended to do them, *so that he did it not*—how strong is the warrant of encouragement for those enjoying the blessing of Christian light.”

The number of patients admitted during the present year was, (males 74, females, 81,)	155
Old cases 55, recent cases 100,	155
Average number in the Asylum during the year,	323
Whole number under care,	492
Discharged,—	
Recovered,	95
Incurable,	45
Died,	39
	169

Of the recent cases 83 recovered.

The report also contains a full set of tables, compiled from the opening of the Institution, showing the months of admission—the age at which insanity commenced and the age of patients when admitted—the duration of insanity before admission—the civil state of the patients—the curability of all cases discharged at the different periods of insanity—the supposed remote and exciting causes and the percentage of cases from the most prominent causes of insanity, admitted each year—the relation between cause and recovery, in all cases discharged in eleven years—the classification as to the different varieties—the diseases that have proved fatal and the number of deaths and also the occupations of the patients admitted. We will only extract a summary of one of these, viz: that showing the curability of the disease at different periods of insanity during eleven years.

	Whole number discharged,	Total of cases.
Of less than one year's duration,	550	510
From one to two years,	160	75
From two to five years,	163	34
From five to ten years,	99	12
From ten to fifteen years,	38	3
From fifteen to twenty years,	25	1
From twenty to twenty-five years,	4	
From twenty-five to thirty years,	3	
	1,042	635

Dr. Awl in the conclusion of his report, announces the determination to resign his charge, in the following

words, and which (as we stated in our last number) he has carried out :

"It is now nearly fifteen years since the undersigned has been devoted to the interest and management of this noble charity. First, for three years in the capacity of a director, during the planning and construction of the original edifice and after its organization, for upwards of eleven years as its chief executive officer or superintendent. I trust it may be safely affirmed that my heart has at all times been engaged in the work and that my labor and zeal have not been unacceptable to the afflicted—and to the public, to whom I am so greatly indebted for their confidence. Improved health and a desire for retirement, both by myself and family, will render it proper, according to my judgment, that the responsibilities of the station should ere long pass into other hands—an event which will try every endearment of my nature, but for which I hope to be prepared."

S. MASSACHUSETTS STATE LUNATIC HOSPITAL AT WORCESTER. This, the seventeenth annual report, is as usual, full in every detail and illustrated by numerous tables. We were not, until now, aware of the following facts: "By a recent act of Parliament, the British government require all their hospitals for lunatics to transmit to the commissioners of lunacy, a full tabular register of all important facts relating to the insane in their custody. A similar law was made relative to this Hospital, before it was opened for patients."

The following are the number of admissions and discharges for the year ending Nov. 30, 1849, with those previously in the Hospital.

	Males.	Females.	Total.
Remaining Dec. 1, 1848,	217	192	409
Admitted,	134	139	273
	351	331	682
Of the admissions there were,—			
Cases of less duration than			
one year,	77	86	163
Of one year or more,	52	47	99
Not ascertained,	5	6	11
	134	139	273
There were discharged during the year,—			
Of recent cases, recovered,	54	53	107
Of chronic cases, recovered,	16	15	31
	70	68	130

Improved,	13	13	26
Incurable,	29	23	52
Deaths,	19	18	37
	131	122	257

We are furnished by Dr. Chandler, the superintendent, with the following observations on the health of the Asylum:

"The Institution has had, during the year, but little sickness in it, comparatively. The insane are exempt, in a great degree, from many diseases while in hospitals, and perhaps it is so while out of them. Pleurisies, acute diseases of the lungs and fevers, are rare; but the brain and nervous system, and the digestive organs, are peculiarly susceptible in the insane to disease.

"The diseases usually prevalent in the warm season prevailed to some extent among our patients and their attendants. Diarrhœa, dysentery, fever, a few cases of the graver forms of cholera morbus, and cholera, with all of its characteristic features, occurred among our household in the month of August. The foregoing table shows the number of fatal cases and of the particular malady of which they died. By strict and immediate attention to the first indications of diarrhœa and the forming stage, only eleven cases, all of which were among the male patients and their attendants, took on the more severe and unmanageable symptoms of cholera. Four died very suddenly of this mysterious scourge. Three of them had become debilitated by long and incurable disease, and the fourth, although he was fleshy and labored much in the open air, was in the habit of drinking enormous quantities of cold water. All through the summer we took the precaution to place fires in all the furnaces whenever the weather was cool or damp. This prevented our wards from becoming damp and our patients from being chilled.

"It is somewhat remarkable that the inmates of this Hospital should be almost entirely free from all bowel complaints until about the first of August; that these diseases should then commence and become more and more prevalent, and more fatal, up to the third of September, and that they should then suddenly cease as an epidemic. Since this time we have been happily relieved of any great amount of sickness among our patients. But there have been several cases of typhoid fever among our attendants.

"On the nineteenth of March, one of our attendants became sick with the measles. Three successive crops of this contagious disease succeeded. Thirteen of our attendants and eight patients, and my two daughters, had it. The last of the fourth crop became sick on the thirtieth of April following. It was noticed that the attendants,—those who were supposed to be in better health than the patients, and who were capable of taking more rational care of themselves,—had, almost uniformly, the disease in a more severe form and apparently suffered more from it than the patients. One reason for it is, the patients, in the forming stage of the disease, lived in a more uniform temperature and were less exposed to the vicissitudes of the season than attendants. The patients were in our wards while the attendants were called by their duties in and out frequently. No case proved fatal.

"There has been no other contagious or epidemic disease among our household. Most of the year we have been remarkably exempt from all ailments of the body. Much of the time we could say there was no sickness in the Hospital; but still, during the hot season, the tone of physical health was lower among all the inmates than is usual, but no more so in the Hospital than was experienced in the whole country the past season. That mysterious disease

which scourged our country, as well as the nations of Europe, was often visible in its effects upon the human system in a great many instances where its severe characteristic symptoms were not developed. The general fear of its approach, the bread of carefulness of which many thought prudent to partake, and the miasm, or some other unseen agent, floating in the atmosphere, all tended to render the human system susceptible to the slightest exciting cause of disease."

In continuing the perusal of the report, we have been favorably impressed with the force and pertinency of many of the remarks contained in it and we do not know that we can give a better impression of the whole, than by quoting Dr. Chandler's remarks on the moral and physical education of children and on the danger of "hurrying to be rich" now so prevalent amongst us. We commend them more particularly to the consideration of the rural population of our Northern and Middle States.

"The prevention of insanity should be the aim of an enlightened community as well as its cure. This could be most effectually done by each individual's obeying the laws of health, which include those that regulate the passions and emotions of the mind as well as those that govern the physical system.

"For the full and healthy development of the offspring, the parents must be healthy and active in body and mind. The children of the wealthy and indolent are less numerous and less hardy than the children of those in more humble and more laborious stations in society. The families of the intemperate cease increasing after the parents have become confirmed victims of this vice. Hereditary predisposition to disease, which is either inherited from ancestors or acquired by the parents themselves by abuse of their own physical systems, is transmitted to the lineal descendants, whose systems are thereby rendered more susceptible. In such persons a smaller exciting cause would bring on similar diseased action than would be necessary in one having no hereditary susceptibility, whether the malady be of the brain or of any other organ. It has been said that the mother more readily transmits this predisposition than the father. It does not necessarily follow that the children or the grand-children will be insane because they are the descendants of insane ancestors. By carefully avoiding all the exciting causes and maintaining perfect health, they may not only escape themselves, but they may so far free their systems of it as to transmit to their children no particular susceptibility to this or to any disease. The intermarrying of blood relations is productive of degeneracy, and its effects have long been noticed on the crowned heads of Europe.

"The physical education of the young is of primary importance. Free and active sports and employments in the open air each day are necessary for their vigorous growth. Long confinement to the school-room or to the mill is unnatural and unhealthy. The children of the farmers and mechanics in New England are favorably situated for a healthy growth. To the enterprising of this class our cities are indebted for much of their active and successful population.

"Many mechanical employments are prejudicial to health, and the younger the operative the more susceptible his system is to any malign influence that may be brought to bear upon him. All employments that require undue physical exertion, all where an impure atmosphere is inhaled, and all where one position is for a long time maintained, are unfavorable to full development of the body, induce various diseases, and shorten life.

"The proper education of the moral and intellectual faculties, is of immense importance to the individual's own happiness and to his usefulness to society. The child learns very early many important facts in regard to the physical world. Indeed, it has been said that he learns more of it the first two years of his life than ever afterwards. The character and conduct of those around him is the book from which he gets his first lessons in morals and in self-government. As his faculty of imitation is very active, and by which he acquires much of his early knowledge, the moral obliquity of his nurse is as readily copied as her wisest example. The desire to gratify the appetite and to indulge the passions too often become governing principles with the young, and, unless this desire is restrained with a steady hand on the part of the parent or guardian, it becomes ungovernable, and makes the individual unhappy in after-life, and an undesirable member of society. Liberty is the right of all; but, to enjoy this blessing, it is necessary that each member of the community should refrain from trespassing on the rights of others. Children should be taught and early led to practice this precept. Every one who should have and who should observe a just appreciation of liberty, and of what was due from himself to others, would become a law unto himself, and not be incommoded by any wholesome law of the community; but he who has been taught to disregard the rights of others, can hardly fail to receive the condemnation of his fellow-men.

"The notion has been gaining ground, of late, that children, at home and in schools, have heretofore been kept under too strict subjection; that they have not enjoyed their equal rights; that their position in society has not been prominent enough; and that treating them as knowing what was right and proper for themselves, would increase their present happiness and make them hereafter better members of the community. This change in their treatment has tended to foster hopes in them which cannot be realized in after-life. Their ambition has thus been raised to be disappointed; for it is hardly to be expected that all their pampered appetites will be gratified, or that great success in life will be attained without corresponding efforts. The early education of many is such, and their unrestrained passions have acquired such a mastery over their powers of self-control, that only slight reverses of fortune will turn them from the honest pursuit of the ordinary occupations, and make them dissatisfied with the common success in life.

"We have been led to believe that insanity was increasing in this community beyond the increase of the population and beyond the number of that class who are brought in with foreign immigration. The inducements of wealth and of places of honor, in this country, are equally presented to all competitors who may enter the lists, and success usually crowns the well directed efforts of all in every branch of trade, and in all arts and professions. The ardent and ambitious are by these considerations stimulated to over-task their physical and mental powers. The allurements of science stimulate its votaries to long-continued trains of thought upon one subject, until the instrument of thought becomes fatigued and is liable to respond in an unhealthy tone, until strange fancies and delusions upon that subject arise in the mind. These delusions become permanent and real unless the attention is diverted to other subjects, and the brain gets relief from its incipient disease; but, with the great mass of the community, the all-absorbing desire of wealth and the advantages it brings to its possessor, are the principal motives to action. The merchant expands his business beyond his personal supervision, and he trusts his property with his neighbors, with a hope of compound interest in return. He watches anxiously the rise and fall of the market. He is elated with prosperity, but the unseen reverses which come in the commercial world as well as in all others, bring ruin to his hopes and not unfrequently crush his reason. The speculator ventures deeper and deeper, while successful, but at last he is wrecked in his calculations.

tions, and his mind sinks in the storm, unless it is buoyed up by a well educated self-control.

"Many persons in humble circumstances work hard and make great exertions to keep up respectable appearances, and to obtain those articles of luxury which the wealth of their neighbors enables them to make common use of. This overdoing to keep up appearances tends to break down some and bring on insanity, and yet every one should be commended for making all laudable efforts in his own behalf.

"There is a delusion on the subject of property with many of the insane which seems at first peculiar to them; but it probably holds true with the sane in different degrees of intensity. It is this:—'The rich man fears he shall come to want and have to go to the almshouse for support.' I have never known a patient come to a hospital, who had fears of coming to want, but was considered by his neighbors as a man of wealth. I apprehend that the fears of poverty but very seldom brings insanity on the poor, but actual want does frequently. The poor often fancy themselves rich and able to control vast resources. Sometimes those who have abundant means fancy themselves possessed of more than they really are. He who has property fears he may lose it, and, if his mind is not otherwise employed, is liable, by dwelling much upon the chances of losing it, to become morbidly sensitive upon the subject. The poor man has no property, and of course has no fears about it. His mind and body are so much engaged in procuring his daily bread that they are kept healthy by the exercise."

9. NEW JERSEY STATE LUNATIC ASYLUM.—This Institution, recently erected, and commencing operations with the experience and skill of Dr. Buttolph, the superintendent and physician, is generally conceded by experts, to be admirably constructed both for warming and ventilation. We have referred to Dr. Kirkbride's observations concerning it, in another part of this number. The following remarks are contained in the present report. "During the year, a necessary modification and extension of the apparatus for warming the building has been made, in accordance with suggestions derived from the experience of its practical workings the last winter. By this change and extension, the heat between the first and extended wings on either side, has been equalized and arrangements made for specially warming the rooms in the refractory wards.

"Coils of three-fourth inch pipe seventy feet in extent, have also been placed in the bottom of the large foul air shafts, nine in number, which are to receive steam from the boilers and become the heating surfaces, by the aid of which, a forced ventilation is effected, without involving the danger and trouble of separate fires for the purpose. The air required to produce a circulation in these shafts is to be drawn from the closets and rooms

requiring special ventilation, through fires leading downward from the floor, and discharging into the shafts, beneath the heating coils."

The return of patients treated is as follows :

	Males.	Females.	Total.
Patients in the Asylum Jan. 1, 1849,	46	37	83
Received during 1849,	55	41	96
	101	78	179
Discharged,—			
Recovered,	24	20	44
Improved,	10	4	14
Unimproved,	1	1	2
Died,	4	5	9
	39	30	69
Remaining,	62	48	110
The deaths were,—			
From exhaustion,	5		
" consumption,	2		
" chronic diarrhœa,	2		
	9		

Of the recoveries, one patient had labored under mental disease for six years—and another for eighteen years. "It must be regarded (says Dr. Buttolph) as a very unusual exception to the general rule of success, and to be attributed rather to a happy and rare effort of nature, than to the course of treatment adopted, which, at best, could be considered only as having favored such a result."

The following extract will give some idea of the interior management of this Asylum.

"Two days in every week, one for each sex, are allotted to warm bathing, for purposes of cleanliness, a process which most patients enjoy, but to which each is subjected, unless excused for cause. Convenient and ample bathing arrangements are also provided for every resident of the house, a luxury which they may enjoy weekly if they will—and it may be added, that as cleanliness is here considered so favorable, indeed, indispensable, to both physical and moral health, that all are encouraged and enjoined to practice it.

"Sunday is considered a day of rest and quiet, both in and about the Asylum. On this day visitors are not admitted to the building or grounds—the ordinary amusements of the week are suspended, and no more work done than is

required in the care of the house and patients. The day is passed in the reading of books, in attending one religious exercise in the chapel, which consists of the reading of scripture, a short discourse, singing and prayer. This exercise is attended by the resident officers, patients of the quiet classes, and as many of the attendants and assistants as can be spared from other duties. After the religious exercise is over, a number of the patients of either sex, and others, unite in Bible classes, conducted by the assistants, physician, and matron. To prevent monotony in the passage of the day, the evening is devoted to a meeting in the chapel to practice church music, in which some of the patients unite, and many others attend as spectators. Some of the convalescent patients of either sex also occasionally attend the churches in town, accompanied by their attendants, or by resident officers; and all the women employed in the house are sent to town in a carriage belonging to the Institution, it being too far to walk and return at seasonable hours. We encourage the practice of 'church-going,' not only as a necessary recreation from the confining duties to which persons here engaged are subject, but also prefer to employ those who enjoy religious privileges as such; believing that the highest qualifications for the converse and care of the afflicted, can only be possessed by persons having the higher feelings in active and habitual exercise."

10. MAINE INSANE HOSPITAL.—Dr. James Bates, the eminent superintendent of this Institution, commences his report, by observing that the "pestilence which has visited so many portions of our country, has been directed to pass by us and we have enjoyed our usual state of physical health."

We next note the following observation: "Although I have doubts of the usefulness of tabular reports, and share these doubts in common with several gentlemen for whose opinions on this and other subjects I entertain the highest respect, I shall continue the use of tables for the gratification of those who think important information is imparted and obtained by that method. When honestly made, they are not likely to do injury; but I am sure they are sometimes made instruments of deception. If figures cannot lie, they may mislead by disguising the truth.

"For instance, suppose at the end of each year, instead of reporting all cases as *recent* which were actually admitted within one year of the attack, I should for the purpose of *appearing* to cure 90 per cent. of recent cases *discharged*, report only *such as recent* cases, which had not become old ones by remaining with us. I might impose the belief on the *uninitiated*, that 90 per cent. of *recent* cases could be cured; when every man acquainted with the subject knows that no instance can be shown, in which

90 out of 100 cases, admitted in succession, no matter how *recent*, ever were cured.

“ On examination of our record, I find there remain this day, sixty-five cases which were admitted within one year of the attack :

“ More than one year 65

“ Total 79

“ But ‘as the manner of some is,’ calling none *recent*, except such as have not *now* been insane over one year, the account stands

“ Recent, 144

“ Old cases, 36

108

144 ”

In a former article (see the number for April 1850, vol. 6, 330) we have also quoted the objections of Dr. Luther V. Bell, to the ordinary form of statistical reports. We are convinced that they may be so construed as to lead to erroneous conclusions—or to evidence a much greater degree of success in one Institution over another, whilst the fact itself is far otherwise. But it occurs to us at the same time, that the remedy is to be obtained not by excluding statistical returns altogether, but by requiring greater accuracy and more detail. The practical difficulties are indicated by Dr. Bates. We submit, with diffidence, whether the correction and improvement of statistical returns (for the public will require them in some one or other form) is not a subject worthy of the notice of the Superintendents at their annual meetings.

The statistics of the Maine Hospital are thus given by Dr. Bates.

	Males.	Females.	Total.
Remaining,	79	48	127
Admitted,	63	63	126
	142	111	253

	Males.	Females.	Total.
Discharged,—			
Recovered,	30	28	58
Improved,	10	10	20
Unimproved,	8	8	16
Died,	8	7	15
	56	53	109
Remaining,	86	58	144

We quote the following important statements, illustrating the effects of crude legislation.

"The Act of the 14th August last, if not modified or repealed, is destined to have a most deleterious effect on the safety of these persons and the public. This act takes from the officers of this Institution the decision placed in them by the law of 1847, and from the justices of the peace and quorum, sitting in Augusta, as to the proper time of discharge, and places it in the hands of city and town authorities where the patient resides. Whether persons who have not seen patients for six months, nor having before them persons who have had any care of them, are better judges than those who have been conversant with them, or who have at hand witnesses who have, I shall not pretend to decide.

"It has been the decided opinion of the trustees and myself, that no person who was known to have committed homicide, or who continued to have a propensity to suicide, ought under any circumstances to be discharged.

"We think, also, that persons recovering, should rarely, if ever, be discharged before the cure is confirmed. All these classes, unless committed by the courts, are liable to be removed, to the injury of themselves and others. The above action of the officers of this Hospital, is sustained by the written and oral opinions of the best informed men in this and other countries. I have only to state the action already experienced, to show the injurious tendency of the law. In the first case decided, no request was made nor notice given after the law was passed. In the second, a man who had mutilated his brother with an axe, nearly severing his arm from his shoulder, was ordered out because 'improperly detained' by the trustees and myself, notwithstanding he was in no way improved. I understand he is now chained, at the expense of the town, to prevent murder and save expence. Neither in this, nor in any case, has any notice been given to us when the hearing was to be, or was had, nor was any testimony called for from the Hospital.

"In the third case, a man, known to be suicidal before admission, and who came near destroying himself by cutting his throat while here, and in whom no improvement had taken place so far as that propensity was concerned, was ordered to be discharged at the expiration of six months. The fourth was that of an excellent young woman, who was much improved, and whose means were expended. The selectmen ordered her discharge, although advised of the facts. We are happy to learn that she has since recovered. It may be proper to state, there are several cases of suicidal and homicidal persons now with us; one of whom has destroyed his child and very nearly his own life, who are all liable to be let loose on themselves and the community in a like summary manner.

"There have come to our knowledge seventeen cases of suicide in this state the last year—males, eight; females, nine. By hanging, twelve; by drowning, three; poison, one; with razor, one; two mothers first destroyed a child each.

"Most of these were more or less insane, and known to have suicidal propensities for some time previous to committing the act. Two, only, had been

in the Hospital; one of these was prematurely removed; the other was not known to be disposed to homicide nor suicide, but has since committed both.

We also give an extract as to improvements in warming the building.

"At the last session of the legislature, an appropriation was made for changing the warming apparatus of the old south wing, from *furnace* to *steam* heating. The estimated cost was six hundred and fifty dollars. The change has been made at an expense within the appropriation, in the following manner, viz:—The cylindrical boiler, formerly in the wash-room, ten feet long and thirty inches diameter, was set in an arch at the south end of the basement corridor; an air-chamber, constructed of wood, four feet wide and seven feet high, runs from the end of the arch nearly the whole length of the corridor. In this chamber, near the ground, secured in a brick trough, is the cast-iron smoke or gas-pipe, ten inches diameter and forty feet long, to meet the old furnace flue; the joints lined with equal parts of salt and wood ashes. This is never so hot as to affect the air unfavorably. Above this, are rows of cast-iron steam pipes, six inches in diameter, the whole length of the air-chamber. These are connected with the top of the boiler by a wrought iron gas pipe into each row, so that steam passes freely into all the pipes at once. The upper pipes *descend* from the boiler, and the lower ones *towards* it; and a small pipe enters the lower part of the boiler to return the condensed water and to supply any waste, for which cold water is admitted by a faucet at the end of the pipe farthest from the boiler. Near the same point is a small escape pipe to permit the air or steam from the large pipe to pass outside the air-chamber; but so perfectly balanced are the generating power of the boiler and the radiation of heat from the pipes, I have rarely known so much heat to pass through the escape pipe, that I could not hold my hand over it. The waste of water is from two to five gallons per day. In this apparatus the steam passes off from the water without any obstruction, consequently can never be dangerous, unless the water should be permitted to get so low as to generate explosive gas on the highly heated metal. Cold air is admitted at the basement windows and enters the outer boarding near the ceiling, passes down between that and the lining, and under the heating pipes on each side. The passages for hot air, right and left, are the spaces between the sleepers. From these conductors it is carried to the galleries above in wooden flues, eighteen by four inches, equal to the number of inmates, or sleeping rooms. These, in all cases, discharge into the corridors or galleries, under the same number of plank seats, nine inches in width. In the third or upper story, nothing appears but these seats. The admission of air at a moderate temperature is abundant, and the seats are often occupied on account of the agreeable warmth they afford. The lower floor, where our most inactive patients reside, is always warm, being the covering of the air-chamber and flues. The space warmed is 85,000 cubic feet."

11. NEW YORK STATE LUNATIC ASYLUM.—The year reported upon, has been, as our readers are well aware, a year of sorrow in this Institution. On the death of Dr. Brigham, the chief care devolved on Dr. George Cook, his first assistant, and to him we are indebted for the present report.

Although the Asylum escaped attacks from cholera, yet dysentery occurred in August and September, and in December the small-pox was introduced through some

unknown agent. Of 498 patients who were in the house at the time, forty-eight took the disease, viz: twelve males, and thirty-six females. Thirty-three had it in a mild form, while fifteen were seized with the confluent disease. Fourteen died, eleven in direct consequence of it, and in the other three cases, death was only, perhaps, a little hastened by it. The attendants also were attacked; eight had the disease, and two of them died.

Dr. Cook presents us with the following table:—

	Males.	Fem.	Total.
Remaining at the close of the year,	241	254	495
Admitted during the year,	192	170	362
	433	424	857
Discharged,—			
Recovered,	113	90	203
Improved,	37	29	66
Unimproved,	22	48	70
Died,	35	34	69
	207	201	408

The large number of unimproved cases discharged, was owing in a great measure to the provisions of the State law, which requires this course after a trial of two years. But the very fact of the large number thus removed, indicates the great necessity of a public provision for the care and safe-keeping of incurables. Buildings might be erected on the most economical plan, in some retired rural district, where these unfortunate beings could be well provided for at a much less expense than the public is now annually paying.

The report contains, as usual, many elaborate tables of the usual description.

We have now completed our review of all the annual reports of Asylums for the current year, that have reached us. And taking into account with these, the reports from the Pennsylvania Hospital and the McLean Asylum, which we noticed in the April number, we appeal to such of our medical brethren as may peruse this peri-

odical, and, indeed, also to all enlightened men throughout the country, into whose hands it may fall, whether the results here exhibited of the skill, talents, and earnest humanity of so many excellent men, are not worthy of every commendation, and of a more extensive diffusion than it can afford. We have the more freedom in speaking of this matter, being only an observer of what they have done and are doing, and also perfectly aware that if they be not honored in their own homes and country, their reward will be small indeed.

The immense efforts in the United States to improve the condition of the insane, and to relieve their maladies, are nearly unknown or unheard abroad. Now and then, a pseudo-philanthropist honors our shores with a visit to criticize or to condemn, while the honest observer is accused of exaggeration or partiality. So too with our progress in science, and the fine and useful arts. It is not convenient to notice it. The true remedy for all this contempt of us as a nation, (for such is the fact, whether we fancy it or not,) is to establish a vigorous, national interchange of opinion,—to do public justice to all who are engaged in the great cause of *practical* humanity, and in doing so, disregard the paltry, sectional, or State feelings which are, in aid of political abstractions and divisions, rapidly making us to our own hurt (as we may possibly find when it is too late) a divided people.

INSANE IN THE NEW YORK STATE PRISONS.

The “Second Annual Report of the Inspectors of State Prisons of the State of New York,” made to the Legislature, Jan. 4, 1850, is a huge document, consisting of 342 octavo pages. In looking over it, we do not find the subject of insanity noticed by the Inspectors. The following are extracts from the reports of the physicians.

Dr. Blanchard Fosgate, physician of the Auburn Prison, observes,—“There are ten convicts more or less mentally deranged in this prison. Of this number three, at least, are proper cases for the treatment of a lunatic Asylum. One of

the ten was, some time ago, transferred to the State Asylum at Utica, and has since been returned as incurable. The remaining six would, so far as the cure of their malady is concerned, be no better off there than where they are now, but at the same time are not fit subjects of *State prison* discipline. The number transferred to the State Lunatic Asylum, at Utica, during the year just closed (1849) is two, one of whom died in that Institution.

“It appears to me, that the process required by the statute, in cases of lunacy, is decidedly prejudicial, because it is only in the incipient stages of the disease, that reasonable hopes of recovery may be entertained. During this state, a commission of strangers, to examine the individual, no matter how expert they may be in their profession, would not be so likely to detect the first shades of variation from the healthy mental character of the patient, as the persons having frequent intercourse with him. Could the matter be so arranged, that the opinion of the physician, with the concurrence of the warden, would be sufficient authority for the inspectors to transfer the convict to an Asylum, the result would prove highly beneficial, both to the patient and to this Institution. I know of no condition in which a human being can be placed, which calls so earnestly for our sympathies and protection, as an insane person subjected to the rigors of State prison discipline. But the subject of insanity as connected with this Institution, is of such vast importance, that owing to my limited experience, I do not feel sufficient confidence to present all the views I may have formed in regard to it.”

Dr. William N. Belcher, of the Sing Sing Prison, does not notice the subject in his annual report.

Dr. George A. Miller, of the Clinton Prison, states “there was but one person removed to the lunatic Asylum. He had been here but a short time, when symptoms of insanity made their appearance, and after the subsidence of the more acutely inflammatory character of the disease, he was removed. He was probably (as well as I can ascertain his history) insane before he came here.”

VALUABLE FACTS BEARING UPON THE INQUIRY, WHETHER
CONVICT SEPARATION TENDS TO PRODUCE INSANITY?

[Extracted from the "*Pennsylvania Journal of Prison Discipline and Philanthropy*," for July, 1850.]

"The places of confinement in the southern and western districts of England are eighty in number, of which, seven are conducted on the separate system. In the year, from the 29th Sept., 1844, to the 26th Sept., 1845, the daily average of prisoners in the whole eighty places was 4,361, and in the seven on the separate system, it was 644. Thirty-seven prisoners were affected with insanity, in nine of whom the symptoms first showed themselves during the period of their imprisonment, *but of these nine, not one occurred in the seven prisons on the separate system.*"—(*Report of Mr. Perry, one of the Inspectors of Prisons, in England.*)

"It is worthy of notice, that of forty-two convicts who are now reported by the chaplain as probably having had a predisposition to mental disease, not one became insane; and that a great majority were in better condition when they left the prison, than when they entered it."—*Report of the Commissioners of the Pentonville Prison, for 1847.*

"A more conclusive argument in favor of the system pursued at this prison (Pentonville) could scarcely be desired, than that afforded by comparing the cases of mental disease in our regiments stationed at home, and abroad. While the annual ratio in the prison is 1.48, it is nearly one at home, among the dragoons; 1.43 in the Ionian Isles; 1.33 in Canada, and 1.41 at Gibraltar; so that it may be fairly said, that the prisoner under separate confinement, suffers about as much as the soldier on the choicest spots of the Mediterranean, or in the bracing climate of Canada."—*Quarterly Review*, 163, 18, *cited by Field*, vol. i, p. 225.

"It should not be forgotten that many of the cases which occurred in the prison, (Pentonville,) were such as would probably have been overlooked in society at large, or even in a body of troops. They were brought to light only under the strict scrutiny which the prison discipline requires."—*Field*.

AMERICAN JOURNAL OF INSANITY. FOR JANUARY, 1851.*

ARTICLE I.

ON THE CONSTRUCTION OF BATHS, AND THE UTILITY OF WARM AND COLD BATHING IN THE TREATMENT OF INSANITY. By J. H. WORTHINGTON, M. D., Superintendent of the Friend's Asylum for the Insane, near Frankford, Pa.

Read before the Association of Medical Superintendents of American Institutions for the Insane, convened in Boston 6 mo. (June,) 1850.

It will, perhaps, be generally admitted, that the due performance of the function of cutaneous transpiration is an essential requisite to the healthy condition of the entire system. Labor, which has been the lot of the greater portion of the race since the first punishment was inflicted upon man by his Maker, seems to be the grand means appointed by nature to insure the healthy action of the skin. "In the sweat of thy face thou shalt eat bread till thou return to the ground," was the sentence pronounced against man for his first transgression, and it seems to have been imposed on him as a punishment from which there could be no escape, except at the risk of suffering and disease. To obviate the evil consequences which are likely to result from the neglect of this means of securing the healthy action of the skin, the resources of art are necessary; and among these there appears none capable of answering the

* Reprinted January, 1863.

purpose so beneficially as the use of the bath, under one or other of its different forms. With the advancement of luxury and refinement, the experience of all ages has proved the necessity of this means of preserving health, and the ruins of the public baths of the Romans, and other nations of antiquity, are evidences, yet remaining, of the estimation in which a healthy skin was held in those early periods.

The insane, either from physical inability, or from the want of that degree of reason which is necessary in the performance of most kinds of manual labor, as a class, must be deprived of all the benefits which accrue from this source; and, perhaps, from this cause, in great part, are subject to those chronic diseases which prove fatal to so large a proportion of the incurable insane.

The altered condition of the cutaneous surface is noticed by most writers on the subject of insanity. Almost all speak of coldness of the extremities and want of free circulation in the capillary system, in some forms of the disease. Diminution of cutaneous transpiration is manifested in many of the insane by a dry and harsh state and altered appearance of the surface, and a change in its quality is evident in the odor which is often given off by the bodies of the insane. Insanity, when it has become chronic, is apt to be accompanied by cutaneous disorders of different kinds, which are often very difficult to eradicate. Esquirol lays particular stress on the connection between insanity and eruptive diseases, and thinks it one which deserves attention. He speaks of the skin, in some cases, being in a state of erythema which is very remarkable, and of a renewed flow of the perspiration being followed by a resolution of the disease. In the affection called "pelagra," a diseased condition of cutaneous surface, sometimes accompanied with disorder of the digestive functions, ends in the gradual impairment of the intellect and senses, with a strong tendency to suicide.

The effects of the sudden suppression of perspiration by the application of cold, have long been observed under the form of fevers and dangerous inflammatory affections of different internal organs. Experiments upon the inferior animals, by coating their bodies with an impervious layer of varnish, demonstrate the injurious and violent effects produced by the repulsion into the circulation of the effete matters which it is the function of the skin to eliminate. A French physician, Foureault, mentions the instance of a child, who was covered with gold leaf at the coronation of one of the Roman pontiffs, to represent the golden age which was to be revived by the reign of the new sovereign, who fell a victim to this act of presumption. The same author coated the skins of several Guinea pigs with gold and silver leaf, or tin-foil, so as completely to prevent the escape of the perspiration, and they all died in a short time with every appearance of asphyxia. When a smaller extent of surface was covered, the effects were less violent, and they consisted generally of a modification of some internal secretion. In some of the experiments a profuse discharge was produced from the nostrils, in others, diarrhœa ensued, and the mucous membranes, in either case, on examination, were found presenting the appearance of intense inflammation.

When these striking effects are seen to be produced by the sudden, and more or less complete suppression of the perspiration, it might be expected that in a less degree, but continued through longer periods of time, its detrimental effects upon health, though less cognizable, would be none the less real. We must look to classes of society and communities, whose habits and modes of living are such as to favor the habitual diminution of cutaneous transpiration, for evidence of the prejudicial influence exerted thereby upon health, as well as for the nature of the morbid changes it produces. The occupants of dark, damp, and ill-ventila-

red dwellings, operatives in manufactories, inmates of large alms-houses, convicts in prisons and penitentiaries, &c., have been especially noted for their unhealthiness, and the prevalence among them of scrofula, phthisis, &c., has generally been attributed to the influence of vitiated air upon the function of hæmotosis, and of insufficient food, combined with want of exercise upon that of nutrition. The observations of M. Fourcault, however, without denying to these causes a degree of influence in the production of the diseases named, seem to point more especially to derangement of the excretory functions of the skin as their origin or primary cause. This author concludes upon examination of all the circumstances attending the mode of life of the different classes of people enumerated above, that their unhealthiness is not so much owing to their being ill-fed and breathing a vitiated atmosphere, as to their habits of bodily inactivity, or to confinement to occupations which afford only a small amount of exercise. These views are sustained by the reports of the British Registrar General, and by M. Villime, of France, who concur in the statement that by far the greater number of cases of phthisis, scrofula, &c., occurring among persons engaged in factory labor are presented by workmen whose occupation requires them to remain steadily in one position, and in whom, consequently, elimination by the skin cannot be assisted by exercise. The silk weavers of Lyons, and other towns in the south of France, are thus situated, and an immense proportion of the mortality among them is caused by consumption. In other towns where the manufacturing of cloth is carried on, which requires considerable activity and strength, consumption is much less frequent.

It is scarcely necessary to refer to the work* of M. Four-

* *Causes générales des maladies chroniques, spécialement de la phthisie pulmonaire.* Vide *Am. Journal Med. Science*, Oct. 1845.

cault for further evidence of the greater liability to consumption and scrofula among persons pursuing sedentary occupations, and among the wealthy, who lead indolent and luxurious lives. Indeed, the prevalence of these diseases among the latter class shows this liability does exist, even when the other circumstances, which are thought to be most favorable to their production, are entirely wanting. The effect of a life of labor and hardship in preventing the development of tubercular disease, in persons predisposed to it, is well known; and perhaps we cannot explain this exemption more satisfactorily, than by referring it to the beneficial influence upon all the other functions of the natural secretion of perspiration which is thus insured. The inference, that diminution in the quantity of fluid perspired is a principal cause of the development of consumption, is materially strengthened by the fact of the great prevalence of the disease in countries having a moist and cool atmosphere, as England, where the mortality therefrom is as high as one-third of the whole number of deaths. It has also been remarked, that individuals predisposed to phthisis may reside for a long time in a warm climate and continue to enjoy good health, but on removing to a colder one are exceedingly liable to have the disease developed. A large proportion of animals exhibited in menageries, natives of warm regions, die of tubercular diseases, and in these cases it would, perhaps, be difficult to account for the result in any other way, than by attributing it to the diminution or suppression of the insensible perspiration, caused by the colder atmosphere.

The mode in which derangement of the function of the skin acts in producing disease, may be understood on the physiological law of vicarious secretion. The mucous membranes and the skin present many points of resemblance, both of structure and function, and the former may, therefore, with good reason, be supposed to supply the place of

the latter, when, from any cause, it is rendered unfit for performing its functions. On this hypothesis we would consider the increased secretion from the mucous membrane of the nostrils in ordinary catarrh merely to have taken the place of the natural cutaneous excretion, and in bronchitis the irritation of the mucous membrane would be produced by the effort to throw off from the system, through this channel, the retained matter of the perspiration. Diarrhœa, and the various forms and grades of enteritis, are caused by sudden cooling of the surface of the body, and their production might be accounted for in the same manner.

However, we may attempt to explain the occurrence of inflammatory affections of the lungs, bowels, and kidneys, consequent upon exposure to cold, the belief that they are intimately connected with suppressed perspiration is warranted by the trials of M. Fonreault on animals, as well as sanctioned by common experience. It is not however, with acute diseases of these organs that we have to contend in the treatment of the insane. Their cutaneous functions are seldom interrupted by sudden vicissitudes of temperature. They become deranged in a more gradual manner, and hence those organs which sympathize more directly with the skin,—which are most liable to disease on the sudden suppression of its functions,—suffer more slowly, and become afflicted with various chronic disorders. It does not appear to be an unwarrantable conclusion, that in this way originate a great part of the consumption, the chronic diarrhœa and dysentery, the marasmus and dropsies, which cause such a large proportion of the deaths in lunatic Asylums.

If the foregoing views respecting the importance of the functions of the skin, and their liability to derangement in the various forms of insanity, be correct, the necessity is obvious of attending to these functions, and of preserving them in as healthy a condition as possible, by the employ-

ment of the only means to which we can conveniently resort.

The forms of bathing which are most generally applicable in the treatment of insanity, are, the warm bath averaging from 92° to 98° Fahrenheit, and the cold bath, at an average temperature of 52° Fahrenheit. Independent of their direct influence upon the surface of the skin, tending to remove obstructions to the free performance of its functions, and thus promoting a healthy action of the internal organs, the beneficial effects of warm and cold bathing, in many cases of mental disorder, are such as can be scarcely obtained by any other means. The days in which it was considered necessary to treat every case of disordered cerebral circulation by a resort to depletory measures have happily passed by, and the end which was sought to be attained thereby, may be answered, in many cases of insanity, by other means, including the use of the warm bath. The diseased action of the brain, even in the early periods of insanity, is rarely of that kind which is attended with high arterial excitement. It is, at least, many degrees removed from true inflammation, whose natural termination is effusion of lymph or pus, and which requires the adoption of the most vigorous measures for the prevention of fatal or permanent disorganizations. Produced in most cases by causes which tend gradually to lower the tone of the system, experience has shown the necessity of avoiding every means calculated still further to reduce the strength. It is, then, in a condition of diminished vital activity, that we have to apply our remedies, while the brain is, notwithstanding, suffering from a too great quantity of blood circulating through its vessels; other organs, perhaps, at the same time, receiving a deficient supply. Under these circumstances, the use of the warm bath is attended with peculiar advantages. It acts by inviting the circulating fluid to the surface, and filling the capillary system of ves-

sels, by which means the vital fluid distributed to every part of the system is equalized, and the brain relieved of its surplus, without the evil consequences resulting which are to be feared from direct depletion. In cases which are attended with considerable nervous irritability and morbid wakefulness, the warm bath, taken at bed-time, will often prove serviceable by its soothing influence in allaying excitement, and disposing to sleep when narcotics would be inadmissible or fail of their usual effects. It may act here also, by remedying a slighter degree of unequal distribution of the circulating fluid, which often accompanies this condition of the nervous system. To many persons in ordinary health, travelling is apt to be productive of a certain degree of morbid irritation of the nervous system, attended with dryness of the skin, slight feverishness, and a defective performance of some of the secretory functions, for the removal of which the warm bath is one of the most effectual remedies. In most insane persons, these effects may be expected to be produced in a more marked degree by their journey to the Institution where they are to undergo a course of treatment, and the bath, were there no other reasons for its employment, will therefore frequently be found serviceable, immediately after the admission of the patient. The effect of the warm bath is to soothe and refresh the whole system, and at the same time to render all its functions free and of more ready performance. It is, therefore, probable that it would be found highly beneficial in those cases of high maniacal excitement, which, from their being accompanied with almost entire want of sleep and obstinate refusal of nourishment, are apt to terminate in fatal exhaustion. In such cases, the functions of the skin, as well as those of the gastro-enteric mucous membrane, are greatly perverted, the surface of the body and the extremities being in most cases cool, and either moist

or excessively dry and harsh, and presenting to the eye an earthy or dusky appearance.

In no form of insanity has the diseased condition of the cutaneous surface been more frequently noticed than in melancholia. Esquirol speaks of the skin as being brown, blackish, dry and scaly, while in no form of insanity is there so strong a tendency to those chronic affections which, as has been attempted to be shown, are probably dependent on disordered cutaneous function. Of 196 deaths of patients affected with melancholia, who came under the care of this distinguished author and physician, 62 were of phthisis, 32 were of chronic affections of the bowels, and 24 were of marasmus. If there be any such connection as has been suggested, between the supposed cutaneous function on one hand, and the diseased thoracic and abdominal viscera on the other, it is evident that any means capable of remedying the former would be the most effectual in preventing the latter. In this form of insanity, therefore, it is probable that the frequent use of the warm bath would be found highly beneficial in its tendency to prevent the development of those diseases which prove fatal to so large a proportion of melancholicals.

In a large number of insane persons there is a striking defect of the function of capillary circulation, in connection with a torpid condition of the entire system. In these cases the cutaneous surface, especially on the extremities, is constantly cool, sometimes moist and clammy. The skin is discolored, and if the blood circulating in it be temporarily removed by pressure, it is a long time in resuming its original color. There is a defective performance of the digestive functions, the bowels are sluggish in their action, and the brain seems to suffer from a deficient supply of arterialized blood. This condition of the physical functions is frequently accompanied by great mental apathy, from which it is almost impossible to arouse the patients,

and many of them are addicted to depraved personal habits, which tend to their deterioration of body and mind. In these cases the cold bath acts most beneficially, by calling into exercise the conservative powers of the system, and by the reaction thus produced tending directly not only to quicken the circulation in the capillary vessels, but to promote the vital activity of the whole system. In many cases of hypochondriasis and excessive nervous irritability, after the disordered condition of the abdominal viscera has been in some measure corrected, the cold bath, by its general tonic effects and by restoring a healthy condition of the cutaneous functions, will often be found advantageous.

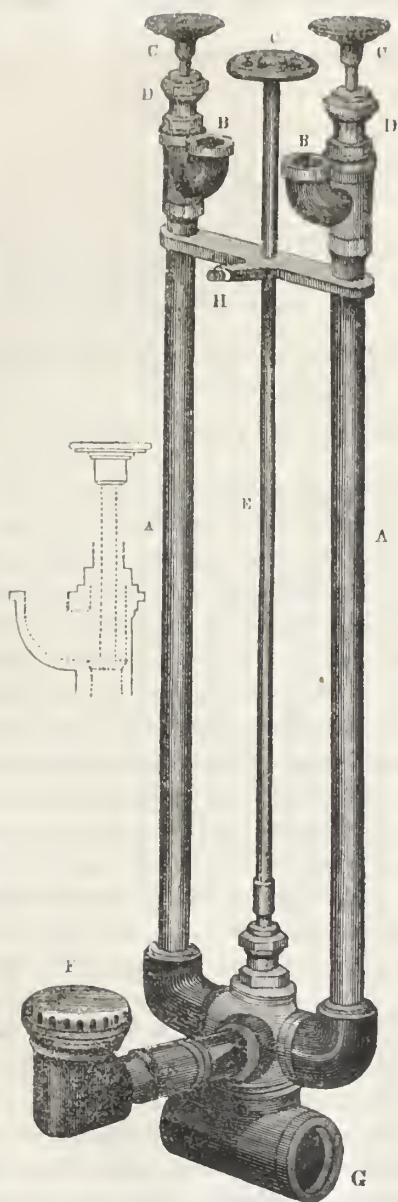
The cold douche, as a form of local bathing, has been too much employed in the treatment of the insane to be passed by without notice. In many cases of high cerebral excitement, the application of a stream of cold water falling from a height upon the head, has been found to be a valuable auxiliary to other necessary treatment; and when there is an unequal distribution of the circulating fluid, it will, especially in connection with the warm bath or pediluvium, often prove of service in insanity. Where there is considerable vigor of the general circulation, particularly in young persons, the frequent use of the douche is productive of a feeling of freshness and comfort which is very grateful, and which may be indicative of improvement in the state of the cerebral circulation. It is beyond the province of this report to enter further upon the subject of the so called moral treatment of insanity by means of the douche, further than to remark that its general use, as well as that of the shower bath, as a means of repression or punishment would probably be destructive, by the feelings of fear or dislike which it would inspire, of all the benefits likely to be derived from their use as therapeutic agents.

In the fitting up of baths intended for the use of the insane, regard must be had to the peculiar circumstances

under which they are to be used. Strength and durability are important objects to be kept in view, and for these ends the best materials and workmanship should be always secured. Neatness and cheerfulness in the appearance of the rooms and fixtures ought to be studied, as by this means patients will be less apt to experience any repugnance to their use. Every thing should be as compact as possible, and the pipes for conveying the water, and the arrangements for filling and emptying the tubs should be so placed as to be out of the reach of the patients. An apartment 8 by 10 feet, will be large enough to contain all the necessary fixtures, and there should be one such room for every ten or twelve patients. Each room should contain a single cast iron bath tub, and a sink attached to an iron frame, in which are fixed the basins necessary for the daily ablutions. The rooms should also be furnished with shower baths calculated for the use of warm or cold water, in each of which a pipe for administering the douche may be enclosed, and which should be provided with suitably guarded openings for the admission of light and air. The cast-iron tubs will be found in the end least expensive, are more easily kept clean, never contract any unpleasant smell, and in all respects are more satisfactory than those of any other material. They should be well painted and varnished at first, and afterwards will not require to be painted oftener than once a year. The water should be admitted at the bottom of the tub, by which arrangement any superfluous stream may be condensed by passing it through water previously drawn, and thus preventing it from escaping into the room. By this plan also, hot water can be drawn while the patient is in the bath, without his knowledge, and consequently without exciting his fears of being scalded, and the temperature of the bath may thus be kept up without trouble for any required length of time.

A very convenient form of apparatus for filling and

emptying the tubs, is that which is represented in the plate. It is the one which is in use at the New Jersey Asylum, at Trenton, and was made by Morris, Tasker and Morris, of Philadelphia. The hot and cold water is received into separate branches of the fixture, which unite before entering the tub, into which the water is discharged through a common pipe. The admission of water into these branches is regulated by a valve, which opens and shuts by means of a screw cut upon the valve-rod when it passes through the cap. The pipe which delivers the water into the tub is connected with the waste-pipe in such a manner that, by opening a valve, a communication is formed between them, which allows the water to flow off when it is desired to empty the tub.



DESCRIPTION OF PLATE.

- A Branches for hot and cold water.
- B Attachments for water-pipes.
- C Circular plates by turning which the valves are opened and shut.
- D Caps containing the packing of hemp or cork.
- E Valve-rod for emptying the tub.
- F Apertures in the bottom of the tub through which the water enters and escapes.
- G Waste-pipe.
- H Fastening—to be screwed into the foot of the tub.

ARTICLE II.

PROJECT OF A LAW FOR DETERMINING THE LEGAL RELATIONS OF THE INSANE. By I. RAY, M. D., Superintendent of the Butler Hospital for the Insane, Rhode Island.

Read at a Meeting of the Association of Medical Superintendents of American Institutions for the Insane, June, 1850.

[From the "MONTHLY LAW REPORTER," September, 1850.]

In all countries making any pretensions to freedom, the liberty of the citizen is protected by constitutional provisions, and the statute book abounds with checks and safeguards against their infringement. Neither life nor property have been the objects of such watchful jealousy as the liberty of the person, and one of the fundamental principles of every free government is, that no person shall be deprived of his liberty, without a trial by his peers. It is somewhat remarkable, therefore, that in Anglo-Saxon communities the effect of insanity on this great privilege has not been regulated by clear and definite provisions, and that their jurisprudence presents only a series of conflicting and unsatisfactory decisions respecting it. The progress of knowledge has been attended by little—if any—improvement here, and on the simple question how far insanity warrants the control of a person's liberty, it is probable that the opinions of legislators and jurists are as far from unanimity as ever. Considering the frequency of this disease, and of the necessity of personal restraint for securing the welfare of the patient, and also it may be, the welfare of society, this condition of the law is fruitful of evil to all parties concerned. Justice, domestic peace, the common

rights of humanity, all require that it should be replaced by one more definite and more easy of application to the circumstances of modern times.

It may seem at first blush, perhaps, that we are laying an undue stress on a matter which actually can enter but little into the ordinary relations of man with man, but those who are practically conversant with the subject estimate very differently the magnitude of the evil and the need of an effectual remedy. How long is it since the delusions of a monomaniac were proclaimed from under a gibbet? How long is it since we were grieved and incensed by the sight of the holiest ties snapped asunder, and an act of neighborly kindness and regard made the occasion of inflaming the passions of the populace, and visited in a court of law with the penal consequences of crime? It may be doubted whether a year has passed during the last twenty-five, to go back no farther, that has not witnessed, either in this country or Great Britain, or perhaps in both, some legal decision or verdict affecting the person or property of the insane, not in accordance with the dictates of humanity, or of medical science. Such an extraordinary case is entitled to our most serious and immediate consideration, and if any man or body of men may venture to propose an appropriate remedy for the evil, it certainly is an association like this, whose members have abundant occasion to witness the evil, and whose studies are most likely to suggest the remedy. I therefore submit to your examination, the project of a general law for regulating the legal relations of the insane. The materials have been derived from three sources; first, those principles of common law which I deem to be correct, but which, to prevent misconstruction or dispute need a clear and authoritative expression; secondly, such provisions as the statute law of the country may furnish worthy of adoption; and thirdly, such additional provisions, as, though found in no code of laws, are the legiti-

mate result of the clearer light of modern science and the stronger claims of modern humanity. I have endeavored to accomplish the proposed objects, by introducing no novelties not absolutely necessary, and by deviating as little as possible from those modes of procedure with which our communities are most familiar.

Among the legal relations of the insane, the most prominent, and perhaps the most important, is that connected with their seclusion for the purpose of cure or custody. It will be regarded hereafter as a curious fact, that while the most of our insane hospitals have been created and more or less maintained by the State, the confinement of the insane is regulated in most, if not all the States, by no statute law whatever. These institutions may, for their own convenience or protection, have adopted rules for the admission of patients, but the legislature has placed no safeguards against the improper exercise of their power. True, a person unjustly confined may obtain his liberty by means of a writ of habeas corpus, and seek redress for false imprisonment, in an action at law. But the evil in question would be better met by salutary measures of prevention, than by such remedies as these. To interfere with the liberty of another is so delicate and responsible a matter, that justice to all parties requires that their respective rights should be authoritatively defined. No individual's liberty should depend entirely on the will of another individual, nor should a friend or neighbor, for the performance of a friendly office, be persecuted with law-suits and punished with vindictive damages.

The seclusion of a person from his family and customary pursuits, on account of insanity, should be regulated by provisions having reference to the varying circumstances that may arise, and applicable with a suitable degree of ease and quietness. A uniform mode of proceeding would secure no advantages that would not be counterbalanced,

either by a degree of publicity and delay exceedingly painful in a majority of cases, while totally unnecessary and uncalled for, or by a want of that impartial inquisition which, in a few cases, is necessary to remove every suspicion of unfair dealing. It seems better to suit the provision to the nature of the case, and on this principle I have acted in constructing the proposed law.

When a person is struck down by disease, and is no longer capable of caring for himself, he is completely dependent on those around him—his family, his relatives, his neighbors, and even the passing stranger. To this appeal for sympathy and care, the ties of kindred, the holiest instincts of our nature, a sense of duty, a decent regard for the opinion of mankind, each or all prompt a favorable answer, and the sacred ministry thus exercised is instinctively regarded with feelings of respect and honor. It does not appear, at first sight at least, that there is any difference in the relations of the parties, when the disease is mental, instead of bodily. The essential conditions of the case are the same. The individual, if not utterly helpless, is incapable of judging what is best for himself, and needs appropriate attendance and medical treatment. Here then, as in case of bodily disease, the duty of making such provisions as the welfare of the patient may require, naturally falls upon those immediately around him or near him. Nature prompts it, the common sentiment of mankind expects it, in most cases all parties are ultimately satisfied with it, and the legislature should legalize it.

The doctrine of the common law on this point has not been interpreted with the uniformity which the importance of the subject requires. Not long since Chief Justice Shaw of this State laid down the broad principle, that the friends of an insane person are authorized in confining him in a hospital, by "the great law of humanity."* On the other

* Law Reporter, vol. viii. p. 122.

hand, within the past year, the Lord Chief Baron of the English Court of Exchequer incidentally remarked, that insane persons could not be legally held in confinement unless dangerous to themselves or to others.* In this opinion he was undoubtedly wrong, because the legislature had granted the power (8 & 9 Victoria, c. 100,) but it indicates his interpretation of the common law on the subject. If therefore, the friends of the insane are to enjoy the privilege of providing for them in such a manner as they may deem most suitable for their welfare, there seems to be a manifest propriety in securing it by a legislative act. The provision which, in accordance with these views I have adopted, insures the indispensable requisites of a great majority of cases,—dispatch, domestic privacy, and those natural rights that flow from the family relation,—and, considered in all its aspects, is both wise and humane. That the power might sometimes be abused, is not denied, but such a result would be an exception to the general rule, and would be effectually remedied by the provisions hereafter mentioned. For obvious reasons we would give the same power to the guardian over his ward, and to the proper municipal authorities over their paupers.

A very different provision is required for a smaller class of cases, in order to secure, in the fullest degree, the rights of persons and the confidence of the public. We all know that insanity does not always derange every operation of the mind, and deprive the patient of every attribute of a rational being. Under certain circumstances, his conduct and conversation are marked by ordinary propriety and discretion, and to those who regard him superficially, he appears to be governed by the ordinary feelings and motives of men. At the worst, he may be supposed to be only a little eccentric, or to give way too readily to

* *Nottidge v. Ripley*, Law Reporter, N. S. vol. ii. p. 277.

passion and impulse. To those, however, whose relations towards him place them immediately under his control, and whose presence furnishes no check upon the manifestations of his character, he appears very differently. They witness a degree of mental excitement and restlessness, an extravagance in his prospects and plans, a readiness to embark in new and hazardous speculations, an indulgence in habits of living beyond his means or unsuitable to his condition, an impatience at the slightest show of opposition or restraint, unfounded suspicions and jealousies, and the most arbitrary and tyrannical conduct in his family, all which traits are foreign to his natural character, and perhaps of recent origin. He at last evinces so little control over his passions, or is so completely possessed by his morbid fancies, that the peace and comfort of those in any way dependent upon him, are destroyed, and they are in momentary fear of personal violence. Besides this, he may be squandering his estate in a series of ruinous undertakings, and rapidly bringing his family to beggary, or plunging into unlawful indulgences that fill them with shame and sorrow. Now when such a person is placed by his friends in a hospital, the discipline of which is necessary, not only to secure the safety of others, but to restore him to his natural and healthy condition of mind, he declares that he is the victim of an iniquitous cabal, and so plausible and ingenious are his representations, that the most intelligent and cautious are sometimes led to suspect that he has not been fairly dealt with. Wearied by his incessant importunities, and doubtful perhaps, of the propriety of his confinement, he is finally discharged by the directors of the institution, to renew the same course of ruinous enterprises and domestic tyranny, with the addition, it may be, of a lawsuit against his friends for false imprisonment. Even though he fail by these manœuvres to shorten the period of his confinement before it has produced any salutary effects, his mind is kept in a

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state of agitation and wrath that might, in some degree, have been avoided, if the measure had come from a different quarter, and with some of the formalities of a legal procedure.

The condition of a family whose head is laboring under the form of insanity described above, is sufficiently painful and embarrassing, without imposing upon it the necessity of adopting the only appropriate measure, unaided by any of the sanctions and helps of law. To provoke the wrath of such a person by what he would consider the most flagrant indignity and outrage, would be too fearful a thing to be ventured upon until patience had been tried to the utmost limit of endurance, or some overt act of violence called for immediate action. Neither is it a small thing to provoke the criticism of the public by taking a step of this importance, the necessity of which may not be unequivocally obvious to the world. In such cases the public is severe in its judgments, and not particularly careful to weigh the parties in an even balance.

In the same category, too, we would place those persons who are insane enough to require confinement, but have no relatives or friends with sufficient interest in their welfare to induce them to assume so unpleasant and responsible a duty, as that of placing them in confinement.

After due consideration of the various means that might be adopted for determining the question of seclusion, in regard to the cases above mentioned, I can think of none better than that of a commission, so constituted that its decisions shall command the respect and confidence of the community. In England the Lord Chancellor appoints a committee of five persons, one of them a barrister at law, with whom is associated a jury of twelve men summoned by the sheriff. The jury hear the evidence and render their verdict to the commissioners who sit as a court, by whom the proceedings are reported to the Chancellor. This

certainly is too cumbersome and expensive a proceeding for this country, while it is quite probably that the rights of individuals would be as well protected by a more summary process. I would propose a commission of not less than four nor more than six persons, one of them a lawyer and another a physician, for the purpose of giving a snitable direction to the inquisition, who should have the party brought before them, hear the testimony, and render a decision accordingly. Of course they should have the power of ordering him to be held in custody pending the proceedings. The authority appointing the commission should be as accessible as possible, to insure the necessary dispatch, and might be lodged with the Judges of the law courts, and also with Judges of probate where these functionaries are at all distinguished from the average run of men by superior knowledge and respectability. The application should be made in writing by some friend or relative, and should present the grounds on which the allegation of insanity is to be established. The success of this proceeding would very much depend on the character of the individuals composing the commission, and no act of the legislature could regulate that exactly. It is probable, however, that the importance would be felt of intrusting so delicate and responsible a duty to men, whose intelligence and virtues have given them a merited weight of character in the public estimation.

There is still another class of the insane for whose committal a mode of procedure is required, different from both of those already mentioned. I mean those whose disorder renders them dangerous to the community, and who have no friends to take them in charge, and provide for them according as their necessities may require. Most, if not all the New England States, and perhaps others, have a statute which gives to a magistrate the power of committing to some place of confinement, "persons furiously mad

and dangerous to be at large." This provision I propose to retain. Indeed, there seems to be no other way by which this class of persons can receive the attentions that common feelings of humanity and a regard for public order would dictate. As they are, for the most part, destitute and friendless, and become a charge to the community where they are arrested, there can be no inducement to seek their confinement unjustly. It would not be impossible, certainly, for wicked and cunning men to make the statute an instrument of great injustice; but the objection arising from such a contingency may be obviated by the fact, that if the case present any suspicious circumstances, the magistrate may decline to take cognizance thereof, and refer the parties to the provisions of the third section. And even at the worst, the fifth section would furnish a remedy for any possible abuse.

Having thus provided for the restraint of the different classes of persons who may require it, the next step in our projected law will be to provide for their restoration to liberty. For the most part, the latter measure, like the original restraint, should remain in the hands of the family or friends. The same authority, also, which commits persons "furiously mad and dangerous to be at large," should have the power of discharging them, when satisfied that the original objects of their confinement will be properly cared for. It is proper, too, that those who have guaranteed the payment of the expenses of an insane person in a place of confinement, should have the power of removing him, if that is requisite to close their liabilities. Reasons may occur that would render it as expedient to withdraw from such an obligation, as it might have been to assume it originally, and if, by the conditions of the obligation, the patient must be removed before it can be discharged, then most clearly the surety should have that power.

There now remains but one more class whose discharge

from confinement we have to consider,—those who claim their liberty on the ground of being unjustly confined. The injustice may consist in being confined without ever having been insane, or in the confinement being continued after recovery from the disorder. We can conceive of no better mode of meeting such cases, than by a process very similar to that by which those are committed whose friends do not choose to assume the responsibility. There would be a convenience in making the trustees, directors, or by whatever name that body may be called which has the general supervision of the hospital, this committee, as they could discharge the duty quietly and cheaply, with the peculiar advantage of having often observed the party in question and heard his statements from his own lips. But their official connection with the institution might be thought to bias their opinions, and therefore there seems to be a propriety in forming the commission of persons having no previous knowledge of the parties. It should be an indispensable condition that they should have an interview with the patient, but it is not necessary that it should be attended with any formalities, or that he should be aware of its object. The proceeding is in the nature of an inquiry, not a trial by jury, and hence the commission may not be bound by any formal rules in pursuing their object. Indeed, the great advantage of this method over a judicial investigation procured by a writ of habeas corpus, is, that it is not necessarily attended with a degree of formality and publicity calculated to excite injuriously the mind of an insane person, and also to produce a mischievous effect upon the minds of other patients in the same establishment.

It often happens, that insane persons are attacked with bodily disease, when their friends are desirous of taking them home, and contributing whatever may be in their power to the solace of their declining days. The character of their disorder also often changes, so that they can be

safely managed at their own homes; and sometimes there may be reasons for merely changing the place of confinement. In all these contingencies, the grounds on which the discharge of the patient is sought for, are so reasonable that the order of a Judge should be sufficient without the interference of a commission.

The above provisions, we apprehend, will meet every contingency, incident to the confinement, or discharge therefrom, of the insane. They possess the necessary requisites of dispatch, convenience, cheapness, and regard to private feelings. By suiting the provision to the particular emergency, we avoid the insuperable objections that would lie against any single provision intended for application to all classes of cases. By far the larger class requires no legal procedure at all, and is better left to the management of the family or friends. To subject them to any legal formalities beyond a compliance with a few simple rules, would be to inflict needless pain, and thus produce a certain evil in order to avoid a contingent one. The much smaller class, which requires some judicial investigation, is provided for by a mode of procedure, familiar to our practices, accessible, cheap, and well calculated to satisfy the public mind. The commission, let it be observed, is its only essential feature. The manner in which it shall be constituted, and the authority from which it shall emanate, are subordinate, though important points, which must or ought to vary with the circumstances of each particular community. To insure the successful working of the system, the appointment of the commission should be conferred upon functionaries having some practical acquaintance with law proceedings, and sufficiently cultivated and enlightened to be above the influence of vulgar prejudices. On this account I have selected for the purpose, the Justices of the law courts, and perhaps those of the probate courts, and in sparsely populated parts of our country, the public convenience might

be served by adding to them the sheriff of the county. In most respects, it would be decidedly better if the duties of these commissions were performed by a single permanent board appointed by the government. The members of such a board would naturally make themselves acquainted, by all the means in their power, with the subjects of inquiry that would come before them, and frequent practice would give that familiarity with their duty that would enable them to avoid mistake, and inspire confidence in their decisions. The only conceivable objection to the plan would be, the large amount of travelling expenses to which it would lead, especially in large States, and this would be sufficient, probably, to outweigh its acknowledged advantages.

In order to prevent any infringement of the laws respecting the confinement of the insane, the first step would be to render it a penal offence for the directors or superintendents of hospitals to receive patients, except in strict conformity to the laws. In respect to persons admitted under the first section, a certificate of insanity from one or more physicians should be required, as well as a written request for admission from some relative or friend. Beyond this I do not know that any safeguard would be practicable or necessary, and, considering the provisions that furnish a remedy against any possible abuse, I see not how any fault can be reasonably found with it.

In settling the legal responsibilities of the insane for criminal acts, provisions more definite and precise than any hitherto adopted, are demanded by the humanity and science of the age. I scarcely need remind you, that, by the English common law, insanity does not necessarily annul responsibility for crime. It supposes, that there is a form of the disease in which no essential element of responsibility is wanting. Of late years, however, under the influence of modern enlightenment, courts have often adopted

a milder construction of the law, and thus have procured a sentence of protection rather than punishment. The French law recognizes no distinction of form or degree of insanity, but simply says that no person can be punished for a criminal offence, who was insane when it was committed. In the most of our States, the courts are governed by the common law, while in a few, the provisions of the French code have been enacted by the legislature. Such is the case in New York, where, however, it has not prevented the courts from making the same distinctions as the English courts, and they have formally declared* that the statute was not intended to abrogate, or even qualify, the common law rule. This is not a suitable occasion for examining a subject which has been abundantly discussed elsewhere.† For the present purpose it is sufficient to say, that insanity affects the intellectual and moral perceptions. To what extent exactly it has this effect, is a fact beyond the reach of our penetration, and therefore we should not be justified in saying, that in every instance it necessarily destroys every element of moral responsibility. But it is no less true, that we *know* nothing on the subject, and consequently it would be presumptuous to make a distinction between the insanity that does, and that which does not, destroy responsibility. The only safe course is, to suppose,—what is no doubt actually so in the great majority of cases,—that the disease destroys, perverts, or changes in some way, the power of truly perceiving the moral character of certain acts, or of resisting the temptations to crime. If, however, it can be proved that the criminal act was not the offspring of insanity, then let the party suffer its legal consequences.

By the common law, which is also followed in this country, a person while insane cannot be brought to trial for a

* Will. Freeman in *Error v. The People*, Law Reporter, vol. x, p. 12.

† Law Reporter, vol. x, p. 106.

criminal offence ; and this question is tried by the same jury which is to try the main issue, and by the same mode of procedure. A more unsuitable question for a jury trial, it would not be easy to imagine. Although a matter of fact, the existence of insanity in a given case, must be determined, not merely by the evidence of the senses, but by an exercise of judgment, enlightened by general experience, and by a particular examination of the case in hand. A court-room is no place for such an examination, because it does not and cannot afford the requisite facilities, and at present the law provides no other. If the accused has friends, sufficiently interested in his fate to prevail upon experts to visit him in jail previous to trial, and examine him, for the purpose of ascertaining his mental condition, even then they might fail to discern what would finally appear under the unceasing, but quiet and inobtrusive observation of a hospital. For this reason I would have these cases referred, in the first instance, to a commission, whose report should determine the Court, either to bring the accused to trial, or send him to a hospital for the sake of an efficient and satisfactory observation.

The public convenience, as well as private justice, would be equally served by authorizing Courts to send to a hospital for the same purpose, any person under arrest for crime, when satisfied, by the report of a commission, that there are reasonable grounds for suspecting the existence of insanity. A provision similar to this has been recently enacted by the legislature of Maine.

In England, persons acquitted in a criminal trial, on the ground of insanity, are immediately placed in confinement, in accordance with a statute to that effect. A similar practice prevails in this country to some extent, but I am not aware that it is always by provision of some statute on the subject. Indeed, it looks, at first sight, like an unconstitutional exercise of power, because it rests upon the mere

conjecture, that the insanity which led to the criminal offence, continues to the end of the trial. The fact may or may not be so; it is not customary to offer any evidence respecting it. It is, therefore, for the very purpose of ascertaining whether the prisoner has or has not recovered from a mental disorder which, a few weeks or months previously impelled him to acts of violence, that he should be placed in a hospital. I am not prepared, however, to sanction the English practice of never entertaining the question of their recovery, and consequently of never discharging them from confinement. I would therefore apply to them the same provisions that are made for others confined in hospitals by due process of law.

The only change I would propose in the present method of placing the insane under guardianship, is, to render their presence at the hearing of the case, on their summons thereto, not unconditional, but contingent on the circumstances peculiar to each individual. The summons might be issued in all cases; but if complying with it would be likely to interfere with the process of recovery, it ought not to be enforced, and the certificate of a physician to this effect, should be deemed a sufficient excuse.

In regard to the civil consequences of the acts of the insane, there is but little if any statute law in this country or Great Britain, nor is the common law well settled upon every point. In the matter of *tort* and *trespass*, as they are called, it is an undisputed principle, that the insane are liable for damages in a civil suit. Fault has been found with it, more probably from the hardship of its operation in particular cases, than any real injustice in the general principle. The subject is encumbered, no doubt, with practical difficulties that cannot be easily overcome by any kind of legislation. They can only be met more or less completely, by the discretion and honesty of courts and juries. There seems to be no way of avoiding the general

conclusion, that, inasmuch as the ultimate consequences of an insane person's acts must fall either upon himself or the aggrieved party, it ought in justice to be the former. He may be innocent of any intention to do wrong, abstractly considered; he may be unconscious even of having done any thing; yet the injury is no less real, while the aggrieved party is equally innocent of intention or consciousness of wrong. It may be objected, perhaps, to this view of the matter, that such acts should be regarded as a visitation of Providence, or to use the legal phrase, the act of God, the consequences of which, like those of storm or fire, should be borne exclusively by the aggrieved party. They often certainly seem to have this character, and it would be little better than heathenism to treat them as the acts of a rational being. On the other hand, they are sometimes just as clearly the offspring of obstinacy, carelessness, and reckless disregard of the public welfare. But where is the line to be drawn? What legal procedure will enable us to change the consequences of the act in question from one party to the other, according to the merits of the case? When the injury is small, and can be repaired without any serious detriment to the estate of the insane party, the course seems to be perfectly clear; but let the damage be sufficiently great to absorb his whole fortune, we hesitate, and look around for some other principle to guide our steps. In this dilemma, I know no better course than to make the general rule in favor of the aggrieved party, and to graduate the amount of damages by the pecuniary means of the parties, to the provocation sustained by the defendant, and any other circumstance which, in a criminal suit, would furnish ground for mitigation of punishment.

In regard to the civil acts of the insane, it is doubtful if the common law has all that certainty which is desirable, or even practicable. The old maxim, that no man shall

stultify himself, or in other words, plead insanity, in avoidance of his contracts, has been much disregarded in England, and in many parts of this country has given place to one of an opposite character. To oblige the insane to fulfil their contracts, would be inconsistent with that protection which the law theoretically holds out, and would prove a strong temptation to fraud, scarcely less iniquitous than the opposite maxim, which allows the insane to take advantage of their infirmity whenever the step may seem to suit their interest. Practically, I can see no difficulty in applying to this subject those rules of honesty and fair dealing, which govern the ordinary transactions of men with one another. Whoever deals with a person manifestly insane is presumptively guilty of fraud, and he cannot reasonably complain, if the law annuls the transaction. And whether the disorder be manifest or obscure, the intimation of his relatives that he is mentally incompetent to transact business, although they may decline to place him under guardianship, ought to be regarded as sufficient to stop the plea of ignorance. A law embodying this principle cannot be considered as severe, for certainly there can be no great hardship in abstaining from transactions with the insane, while it would inflict a hardship and an outrage upon the family or heirs of the insane person, to allow property on which they may depend for support, to become the prey of dishonest and designing men. On the other hand, a contract for necessities or comforts suitable to the means and condition of the party cannot be annulled upon any principle of fair dealing, and, accordingly, such transactions are now universally sustained. And in general terms, when the mental impairment was unknown and no reason existed for suspecting it, when the transaction is shown to be a fair one, accompanied by no suspicious circumstances, it would be grossly unjust to allow the insane person to avoid the

contract, whenever it might appear to him or his heirs for their interest to do so.

In regard to testamentary acts, the English law has always shown more indulgence, than in regard to other civil acts. The lighter degrees of mental impairment, especially that kind which accompanies the decay of old age, however much they may vitiate a contract, have not generally been regarded as implying testamentary incapacity, unless the instrument itself contained some disposition "sounding to folly," or evidence were produced showing improper influence. It is often very difficult to ascertain with any degree of precision, the mental condition of a testator, and, on this subject, we are reduced to the alternative of rejecting a large proportion of wills, or of overlooking mental impairments that would unquestionably disqualify a person from making a contract. It would be foreign to our present purpose to show the reasons that have led to the adoption of the latter branch of the alternative, in the English courts. It is enough to say that the practice is just and reasonable, and therefore requiring a place in a general law.

While discussing the legal relations of the insane, we ought not to pass over without notice a class of persons, who, though not insane in the ordinary acceptation of the term, are found in considerable numbers in our hospitals. I refer to those whose mental infirmity consists in an uncontrollable propensity to indulge in intoxicating drinks. Public order, domestic peace, and their own restoration require their seclusion, and the step is often taken. It has not, however, the sanction of law, and exposes whoever is engaged in carrying it into effect, to an action for false imprisonment. The necessity of restraint in these cases is sufficiently obvious without any farther explanation, and the time has now come when *habitual drunkenness* should subject an individual to all the liabilities and disabilities of insanity. I have not, however, thought it proper, under

the circumstances, to introduce a provision to this effect, into the proposed law. It will answer my purpose, to make the suggestion.

The following project of a law for meeting the various exigencies above mentioned, I offer for the public consideration, with the more confidence, that it has received the approval of a gentleman of distinguished legal attainments, the Hon. Luther S. Cushing, whose experience upon the bench strongly impressed him with the deficiencies of the present law. I am indebted to him for many valuable hints, and the provisions of the third and fourth sections, which may be regarded as among the most important of the proposed act, were adopted at his suggestion.

I may be allowed to add, to prevent any possible misunderstanding, that my object in the present attempt, was not to frame a statute in legal phraseology, but to present the general principles which should regulate all legislation for the insane, their application, of course to be modified by the circumstances of each particular community.

[Here follows the prepared law which we published in the July number, p. 92.]

ARTICLE III.

NOTICE OF THE CRETINS OF SWITZERLAND, AND THE ATTEMPTS BY DR. GUGGENBUHL TO EDUCATE THEM.

[The following communication is copied from the "*New York Observer*," edited by Sidney E. Morso & Co., of the 3rd of August, 1850. The author is understood to be M. G. de Felice, and who dates this letter from Montauban, in France, on the 6th of June, 1850.]

The unfortunate class of people called Cretins are still numerous in Europe, especially in Switzerland and in some valleys on the banks of the Danube. Travellers assure us that there are also men afflicted with *Cretinism* in some parts of America, as Guatimala and Colombia.

First of all, a few words on Cretinism, and on the physical, intellectual, and moral state of the Cretins.

Persons of high intellect are sometimes insane; but the Cretin is affected with a kind of idiocy from his birth. His body exhibits hideous deformities. His face is rather brutish than human; his forehead low; the top of his head comes to a point; the lower parts of his face are prominent; he carries often attached to his neck an enormous goitre. His look is dull and stupid. He has thick lips, a large and flat nose, coarse hair.

The Cretin remains motionless for many hours, without any consciousness of what is passing around him, most of them cannot speak nor walk; they only utter some inarticulate sounds. They are unable to provide for their own wants; they must be fed, dressed, and carried like babes. If they try to move, their step is tottering and uncertain. The senses of smelling, of hearing, of seeing, are blunted in them.

As to their intellectual faculties, they are generally as

little developed as their physical powers. They preserve a few confused instincts. They copy servilely the movements of those around them; but they understand nothing, or almost nothing, of words addressed to them. They seem sometimes to be capable of some affectionate feeling; but it is difficult to know whether they are conscious to themselves of their attachment. They pass with incredible quickness from gaiety to sadness, and from sadness to gaiety. They are governed in certain moments by brutal passions; but this excitement does not last long. The Cretins do not seem to have distinct ideas; they do not connect effects with their causes, and are absolutely unable to follow a train of reasoning. Their souls are strangers to compassion.

Some of them, however, have a little memory. They retain and repeat songs. There is a Cretin in Berne, named *Mind*, who has acquired the art of painting; he knows how to sketch pictures of animals, and particularly of cats, with rare fidelity. Others of them show some aptitude for the mechanic arts; they build for whole days card-houses, and seem to take a singular pleasure in contemplating these frail edifices. But ordinarily they do nothing, and seem as if deprived of all life.

Whence the name *Cretins*? Several writers think that this term is derived from the word *Christian*, and justify this strange etymology as follows: a popular superstition, respectable at least in its effects, regarded as a blessing from God, the presence of a Cretin in a family. This poor, inoffensive being, unable to gain the means of livelihood, was in the eyes of his relatives and neighbors, a *holy*, *sacred* object, which drew down the protection of heaven upon the house. He was a *Christian*—a being whom Jesus Christ had sent to call forth his father's and mother's charity. It is easy to understand that such an opinion must be protection for

the unhappy people, sunk to the lowest degree of debasement.

But with all this veneration shown to the Cretins, it is sad to see how the heads of the church and those of the State have neglected to fulfil towards them the duties of Christian sympathy. No public establishments for these unfortunate creatures: no institution to relieve or solace their misery. They were wholly left to the care of their relatives, who, having only a bare subsistence for themselves, could not provide for the wants of these helpless beings. The priests excluded them from their churches, as if infected with the plague, and in some countries barbarous laws forbade them to mingle with the rest of the population.

The number of Cretins has not diminished with the progress of civilization. The Swiss cantons of *St. Gall*, of *Valois*, of the *Grisons*, of *Uri*, count them by hundreds. In a single small village there are thirty to fifty. It would seem that the moist and cold valleys, the marshy vapors, the want of circulation of air, the waters issuing from the snows, are the chief causes which produce Cretinism; for you meet with few or none out of certain well-defined limits.

At last, a benevolent physician, Doctor *Guggenbuhl*, took pity on these poor creatures, and sought means to be useful to them. One day, in traversing the Alps, he had occasion to see an old Cretin who uttered stammeringly the words of a prayer. This sight moved his sensibility and decided the whole course of the doctor's life. He asked his conscience, "Are not these beings our brethren? Have they not an immortal soul like us? And since they have some idea of God, do they not deserve our sympathy and attention? If these Cretins should be from their infancy the object of regular and suitable treatment, if religion, charity, science, were employed to restore them from their abase-

ment, is it not probable that some at least might be resened from their wretched state? We devote assiduous cares and incessant pains to perfect breeds of animals, and shall we do nothing to form *men*? How inconsistent! I will try, with the blessing of God, and I hope that my efforts will not be wholly lost."

Such were the thoughts of Dr. Guggenbuhl. He was not content with expressing empty wishes, or speaking fine words in behalf of the Cretins. He pleaded earnestly their cause with influential men in Switzerland. But he met with many objections and difficulties. Some replied to him that it was idle, and that Cretinism could not be cured. Others said that the first thing to do was to give bread and employment to laborers who possessed all their mental faculties, and that the Cretins are not so unhappy, for they do not know their abasement. Others still objected to the difficulties of such an enterprise; they pretended that our age was a mania for trying experiments, and that it would be better to follow in the footsteps of our fathers. In short, every one invented some excuse, the better to conceal his indifference and his avarice, and Dr. Guggenbuhl was left to his own resources.

But these rebuffs did not discourage him. He said to himself continually that he was called to come to the aid of these Cretins, and that he should have lived to some good purpose, if he should succeed in founding an establishment for these outcasts from human society. After much inquiry and reflection, he opened at last a house upon the *Abendberg*, in the Bernese Oberland. You will doubtless read with interest some account of this institution, and of the kind of education there afforded.

Medical men have observed that Cretinism never appears in regions at the height of 3,000 feet above the level of the sea. Dr. Guggenbuhl has set his establishment on a mountain which commands the valley of *Interlaken*, in one of

the finest sites in Switzerland. Near the house are copious springs of pure water. A fine garden is formed for the use of Cretins. The buildings are well arranged; there is a large eating-room, a well ventilated school-room, a farm attached to the establishment, &c. Nothing is expended upon luxuries; but all for convenience and comfort. It is remarkable that, on this height the winter is sufficiently mild, because the Abendberg is on all sides surrounded by loftier mountains.

The purity of the air forms the great remedy. "The air of Abendberg," says a traveller from whom we borrow this account, "is an excellent specific against Cretinism; for this disease, which so changes the nature of man, must be subjected to the action of an element which produces a constant reaction. On the Abendberg, the sick breathe every moment this vivifying principle. The exhilarating air invigorates their nervous systems, stimulates all their organs. Thus is effected a slow physical regeneration. Walking, gymnastic exercises, sports pursued in the open air, all concur to produce the most salutary effects."

It is very important that this new physical regimen be begun with the first years of life. Doctor Guggenbuhl takes very small children, before they know how to walk. When the parents wait too long the cure becomes almost impossible.

Their food is carefully selected and dealt out to them. Generally the Cretins have a ravenous appetite; they seek for what least suits them, and know nothing of temperance. The prudent physician uses his own reason and forethought for them. He accustoms them gradually to a simple, frugal, and substantial diet. In the spring, the children go, every morning, to cull plants on the Alps, which are good for the blood, and they soon acquire surprising vigor.

But the physical development is only a preparation for intellectual and moral culture. Doctor Guggenbuhl knows

from long experience how much the welfare of the soul depends upon the healthy state of the body : *mens sana in corpore sano*, the ancients said. He waits till the physical powers are unfolded, before beginning the education of the mind. The problem to be solved, in the case of Cretinism, is to maintain a constant balance between the physical and the mental development of the man.

It is a touching sight to look upon a group of little Cretins under the eye of their master. Dr. Guggenbuhl begins by exercising the organs of sense. He employs for this purpose colors, painting, music. He tries especially to teach them to articulate words distinctly. It is a curious fact, but not surprising to reflecting men, that the faculty of speaking develops itself in the Cretins just in proportion to the degree of their intelligence. While sunk in brutishness, they remain wholly dumb, or utter merely hoarse cries like animals. But when they begin to conceive some thoughts, they acquire at the same time and to the same degree the gift of speech. A new and incontestable proof that the faculty of speech is owing, not to a physical cause, not to the superiority of our organs only, but to an immaterial principle, to the soul which God has put in man !

The young Cretins learn gradually to pronounce the names of the surrounding mountains ; afterwards, they form sentences, and accustom themselves to express their thoughts. Some succeed even in studying grammar, and learn to write. Religious instruction has its place. Some Protestant deaconesses, attached to the establishment, show in this religious instruction an admirable devotedness, and I am happy to add that they have obtained results which exceed all hope. The idea of God,—of salvation by Jesus Christ,—of pardon offered us in the gospel,—of eternity,—all the great doctrines of Revelation are received and understood by these children. I do not say, indeed, that the Cretins become learned theologians ; but they know

enough of religion to pray to God, to expect from Him peace, the salvation of their souls; and what do they need more?

Several Cretins have left the establishment at Abendberg, after passing their childhood under Dr. Guggenbuhl's care. Their physical and moral faculties were so well unfolded that they could undertake some useful labor. Each of these youths has adopted a trade, a pursuit adapted to his taste; and, without being as intelligent as ordinary persons, they are capable of being useful.

Honor to Dr. Guggenbuhl! The names of such noble benefactors of mankind deserve to be known over the globe. Already the cantons of Friburg, of Berne, of St. Gall, have shown their respect for this restorer of a disinherited race, by sending young Cretins to his establishment at the expense of the public treasury. The cities of London, Hamburg, and Amsterdam, have Associations which correspond with Mr. Guggenbuhl. The work has only begun; it must grow with time. Perhaps the scourge of Cretinism will be removed under the Divine Blessing, by modern science, by Christian charity.

Accept, &c.

G. de F.

ARTICLE IV.

OPINION OF MR. HORNBLOWER, late Chief Justice of the State of New Jersey, delivered to the Jury in a case where Insanity was pleaded as an excuse for homicide. August term, 1846.

[From "*Zabriskie's New Jersey Reports*," vol. i.]

The following analysis of the opinion accompanies the report :

1. The test of insanity in criminal cases, is whether the accused, at the commission of the crime, was conscious that he was doing what he ought not to do.
2. The burden of the proof of insanity is on the accused. To excuse crime the Jury ought to be satisfied of the insanity beyond reasonable doubt.
3. Partial insanity on other subjects does not excuse crime.
4. That accused had formerly been insane no excuse, if he had once recovered from it ; but the continuance of insanity presumed in law, unless a lucid interval be shown.
5. Declaration of deceased no evidence of insanity of accused.

* * I now come to that part of the cause which constitutes the main ground of defence in this case, namely, Insanity. This question, in the nature of things, is the first one for you to consider. For it is of no consequence what circumstances attended the homicide, or in what manner the crime is varied in the eye of the law by those circumstances, if the prisoner was insane at the time of committing the deed. If he was insane, he is not amenable to the law at all for what he did. A person who is out of his mind, and does not know at the time that what he is doing is wrong, is not accountable for the acts committed by him while in that state. If he commit a homicide in that state, it is not necessary to look into the law of homicide at all, to ascertain the distinctions which the law makes between different homicides ; for such a person is not under the

law—he is not amenable to it. The law is all to be set out of the question as to him. He is, in one sense, an outlaw, or rather, he is out of the law, and ought to be secluded from society, in order that those who are under the protection of the law, may not be injured by him.

Was, then, the prisoner at the bar insane at the time of committing the homicide?

It is difficult to define in set terms, what insanity is. We all have a notion of what it is, and there is a great variety of phrases by which we are used to designate it. We say of a man who is insane, and has committed some atrocious act while in that state, “he was out of his head,” “he had *not his senses* at the time,” “his mind was disordered,” “he was crazy when he did it,” “he did not know at the time what he was about,” and other language of similar import. The simple question for you to decide, gentlemen, is, “*whether the accused at the time of doing the act was conscious that it was an act which he ought not to do?*” If he was conscious of this, he cannot be excused on the score of insanity—he is then amenable to the law—and in that case, if such is your opinion from the evidence of the case, you will have to go on to the consideration of the circumstances attending the act, in order to distinguish to what kind of homicide it belongs according to the law of the land.

But if it is your opinion that at the time of committing the act he was unconscious that he ought not to do it, or in other words, incapable of distinguishing right from wrong, *in a moral point of view*, then you have nothing further to do, but to render a verdict of acquittal on the score of insanity.

And here I am not sure but I might safely leave this branch of the subject in your hands without further comment, for I fear that further remark might tend rather to confuse, than to assist you. But probably counsel on both

sides expect, and public justice may require, that I should lay down to you what the law is as to what amounts to proof of insanity, and as to the degree of weight which different kinds of proof should have.

I will remark, then, in the first place, that the law presumes a man sane until the contrary is proved. Hence it has been repeatedly decided that the evidence of the prisoner's insanity at the time of the act ought to be clear and satisfactory. If the evidence leaves it only a doubtful question, the presumption of the law turns the scale in favor of the sanity of the prisoner. In such case the law holds the prisoner responsible for his actions.

If it were doubtful whether the prisoner *committed the act*, then the jury ought to find in his favor; for where the jury find a reasonable ground for doubt whether the accused *committed the homicide*, they ought to acquit. *There*, the presumption of law is in favor of the innocence of the party; every man is presumed to be innocent until he is proved guilty.

But where it is admitted, or clearly proved, that he committed the act, but it is insisted that he was insane at the time; and the evidence leaves the question of insanity in *doubt*; there the jury ought to find against him. For there the other presumption arises, namely, that every man is presumed sane until the contrary is clearly proved.

I do not mean to say the jury are to consider him sane, if there is the least shadow of doubt on the subject, any more than I would say they must acquit a man when there is the least shadow of doubt of his having committed the act. What I mean is, that when the evidence of sanity on the one side, and of insanity on the other, leaves the scale in equal balance, or so nearly poised that the jury have a reasonable doubt of his insanity, there a man is to be considered sane and responsible for what he does. But if the probability of his being insane at the time is, from the

evidence in the case, *very strong*, and there is but a *slight* doubt of it—then the jury would have a right and ought to say, that the evidence of his insanity *was clear*. *The proof of insanity at the time of committing the act, ought to be as clear and satisfactory, in order to acquit him on the ground of insanity, as the proof of committing the act ought to be, in order to find a sane man guilty.*

In the 2d place, proof that a man has at some former period of his life been afflicted with such insanity as would render him an accountable being, and exonerates him from punishment, is not sufficient, if it be also proven, or comes out in the evidence that he has at any time since been so far restored to his right mind as to be capable of moral action and of discerning between right and wrong. Otherwise, a man who had once been out of his right mind, might ever afterwards commit any crimes he chose without being held responsible for it. If it were true that insanity never left a man, after once clouding his mind, then it would be enough to exculpate him to prove that he had once been insane. But it often occurs that men have turns or “spells” of insanity, and then enjoy intervals of entire soundness of mind. Now although they would be excusable for what they did in a paroxysm of madness, they are by no means excusable for what they do when they have their senses. The question for you to determine is, not whether the prisoner was ever insane in the former part of his life; but whether he was insane at the time he committed the deed, for which he is now on trial. His having been insane once, or several times before, may render it more probable that he was insane at the time of the homicide, if there is any *direct* proof that he was insane at that time. But standing by itself, it proves nothing where the State shows a subsequent return to reason. Evidence of former attacks of insanity amounts to about this: It does not show that the prisoner *was* insane at the time of the

homicide; but if there is *any* independent evidence *that he was so*, the former insanity increases the probability. The same remarks may be made with regard to the evidence of insanity in his family. Standing alone, it amounts to nothing. It is *no* evidence that the prisoner was insane at the time of the homicide. But, if there is some independent evidence that he *was* insane at the time of the homicide, it increases the probability that he *may* have been. But standing alone it is the weakest kind of evidence, and but little consideration ought to be given to it. It is undoubtedly true that some families are more subject to insanity than others. But that is no reason why the same members of the family should be free from responsibility for their own misdeeds. Nor is it any very strong evidence that all the members of the family are tainted with the like disorder. I should feel hurt to suppose that my neighbors entertained a suspicion that *my* mind was disordered, merely because I had an unfortunate father or brother who was subject to turns of insanity. So feeble indeed is the influence which testimony of this kind ought to have, that many respectable juries decide against its admissibility at all. But at all events, it can only have the effect of adding to the possibility that the prisoner *may* have *been* insane, when he committed the homicide; standing alone, it is no proof whatever that he *was*. I again repeat, what you are always to bear in mind, that this ground of defence which we have been considering can be of no avail to the prisoner, unless from the evidence you are convinced beyond a reasonable doubt that the prisoner was *insane at the time of the homicide*.

In the third place, as to the *degree* of insanity under which the prisoner must be proved to have been laboring at the time of the homicide, in order to his exculpation. If you are satisfied beyond a reasonable doubt, that he *was* insane, the next question for you to consider will be, whether

his insanity was *such* as to render him *incapable* of committing crime. For there are many kinds of insanity, and there are all degrees of insanity; and it is not every kind, nor every degree that will render a man irresponsible for acts of atrocity. Almost all the books declare that "*in criminal cases*, in order to absolve the party from guilt, a higher degree of insanity must be shown, than would be sufficient to discharge him from the obligations of his contracts." (2 Greenleaf on Evid., p. 296.) "In cases of atrocity, the relation between the disease and the act should be apparent."—(*Ld. Erskine* in Hadfield's case, 1800; Cooper's Tracts on Med. Juris. p. 318.) As I said before, if the prisoner at the time of committing the act *was conscious that he ought not to do it*, the law holds him responsible, and he cannot be exculpated on the ground of insanity, although on some subjects he may have been insane at the time. There is many a man whose mind is not right on some subjects, who is, nevertheless, perfectly himself on all other subjects, and who knows as well as you or I what is right and wrong; and whether or not he would be doing right or wrong in lifting up a murderous hand against his neighbor. Several men of this kind have come under my own observation. One man will think himself made of glass, another will imagine himself to be a monarch or a prophet, or one of the heroes of history—another will be wild in some of his religious views; and yet each and all will know perfectly well that it would be wrong to kill a man out of revenge or provocation. *Whatever the insanity of a person* may amount to, if he is conscious at the time of committing an atrocious act, and has *reason* enough to know that he ought not to do it, he is guilty in the eye of the law. This was so expressly decided by all the judges of England, except one, in a late case in that country. (McNaughten's case. 2 Greenlf. Evid. 301. Note.) The question was put to them "What is the law respecting

alleged crimes committed by persons afflicted with insane delusion in respect of one or more particular subjects or persons, as, for instance, where at the time of the commission of the alleged crime, the accused knew he was acting contrary to law, but did the act complained of with a view, under the influence of insane delusion, of redressing or avenging some supposed grievance or injury, or of producing some supposed public benefit?" To this question the Judges answered as follows: "Assuming that the question is confined to those persons who labor under such partial delusion only, *and are not in other respects insane*, we are of opinion that notwithstanding the party accused did the act complained of with a view, under the influence of insane delusion, of redressing or avenging some supposed grievance or injury, or of producing some public benefit, he is nevertheless punishable according to the nature of the crime committed, if he knew at the time of committing such crime that he was acting contrary to law." In the same case the judges also expressed themselves of opinion that where a man commits an act, criminal in its nature, who labors under any particular delusion, as that every dog he sees in the street is mad, or any other particular delusion, his act as to criminality is to be judged of as if the thing he imagines to be true were really so. If a man is under the delusion that I am going to take his life, he would be exculpated in taking my life. But if he acted only under the delusion that I was going to carry off his property, or pick his pocket, he would not be exculpated for taking my life, for those facts, if true, would be no justification of his act, unless he was also under the *insane delusion* that he had a right to take my life for such an act. So you see, gentlemen, that although a man be *partially* insane, the law does not exculpate him any further than the extent of his insanity. And the whole matter may be summed up in this: If the evidence makes it clear

to your minds, beyond a reasonable doubt, that the prisoner at the time of the act, was unconscious that he ought not to do it, he is to be acquitted; but if not, then he cannot be acquitted on the ground of insanity, *whether he was partially insane or not.*

It may be thought by some persons that this is a hard law, from the possibility that some, who ought not to be held accountable for what they do, may be involved in the punishment due only to sane and conscious criminals. But such persons should reflect on the object of punishment. The object of legal punishment is principally to prevent crime and preserve the peace of society. This is to be effected so far as possible without injustice to any. But human laws are imperfect—human knowledge is imperfect; and if the law is to be administered upon such rules only as would render it an *impossibility* that any one should be improperly condemned, or that error or injustice should ever be done, then the administration of justice would be so impracticable that our courts, both civil and criminal, might as well be closed. Criminals would constantly escape merited punishment, and the injured parties, or the friends of the murdered, seeing the inefficiency of the law, would take the law into their own hands. This state of things has been exemplified to a considerable degree already in our own country, and I pray I may never see the day when it shall be exemplified in this State. We must administer the laws with firmness, however much we may in our hearts pity the culprit: and we are bound to be jealous of those defences, which call for the exculpation of the offender, *where the criminal act is clearly proved upon him.* Otherwise, we shall have no security for our lives, or the lives of our families. These considerations lie at the foundation of the law of insanity as I have expounded it to you, gentlemen, in relation to excusing a man from the consequences of his own atrocious acts. The law is *stringent* and

suspicious, and it has to be so. If it were not so, we should be overrun with crimes and atrocities committed under the plea of insanity, or of some insane delusion. This is all that is meant when it is said that *insanity* is a defence not favored in the law. It is not intended, and God and humanity forbid it ever should be, that courts should frown upon insanity as a defence, or that if a jury are satisfied beyond a reasonable doubt, that the act complained of was committed when the accused was insane, they should for one moment hesitate in pronouncing a verdict of acquittal—but it is intended that they should see to it that the defence is fully sustained by the evidence.

As germane to these remarks, it is also my duty to remind you, gentlemen, that outbursts of ungovernable passion do not excuse a man for any acts of atrocity he may commit under their influence; on the contrary, they rather aggravate his guilt. Men are bound to control their passions; and if they suffer them to run away with their reason and senses, they ought to suffer for it. One of the very objects of having laws to govern us, is to protect us from the fury of ungovernable passion—whether that be anger, hate, envy, jealousy, or any other of the malignant passions, a man is equally culpable for suffering himself to be goaded on by any of them to the commission of crimes at which humanity shudders. There are cases, it is true, where long and frequent indulgence in violent passions has destroyed the balance of the mental powers, completely dethroned the reason, and terminated in confirmed insanity. Then, of course, the man is no longer accountable. He is then only fit for the asylum or the madhouse.

Fourthly. Having enlarged thus much on this difficult subject, it seems proper that I should add a few observations on the *nature and weight of the evidence* which is usually adduced to prove insanity. I may begin by saying that the act charged against the criminals, in itself, is no

proof of insanity. The man who commits a heinous offence against God and man, is undoubtedly very *unwise*. The sacred volume calls him a *Fool* : and, and in one sense, he is a madman. He madly gives way to the instigations of the evil one, or of his own evil heart. But this is not the kind of madness that is to excuse a man from the punishment due to his crimes. If it were, there would be no such thing as crime. Every act of crime would only be proof of the insanity of the perpetrator ; and the greater the crime, the stronger the proof. When people say that a man must have been crazy to have committed such an act, they must be understood as speaking figuratively. It is too unhappily true that man, conscious, sensible, reasoning man, is often found prostituting his nature so low, as to be guilty of crimes of the deepest dye.

I cannot yield to the doctrine which has been suggested, founded upon what is called moral insanity. Every man, however learned and intellectual, who, regardless of the laws of God and man, is guilty of murder, or other high and disgraceful crimes, is most emphatically morally insane. Such doctrine would inevitably lead to the most pernicious consequences, and it would very soon come to be a question for the jury, whether the enormity of the act was not, in itself, sufficient evidence of moral insanity ; and then, the more horrible the act, the greater would be the evidence of such insanity. On the contrary, in my judgment, the true question to be put to the jury is, whether the prisoner was *insane* at the time of committing the act ; and in answer to that question, there is little danger of a jury's giving a negative answer, and convicting a prisoner, who is proved to be insane on the subject matter relating to, or connected with the criminal act, or proved to be *so far* and *so generally* deranged as to render it difficult, or almost impossible, to discriminate between his sane or his insane acts. I mean no disrespect to the learned writers on medi-

cal jurisprudence, or other distinguished men of the medical profession. On the contrary, I consider the administration of criminal law greatly indebted to them for the results of their valuable experience, and professional discussions on the subject of insanity; and I believe those judges who carefully study medical writers and pay the most respectful but discriminating attention to their scientific researches on the subject, will seldom, if ever, submit a case to a jury in such a way as to hazard the conviction of a deranged man.

These remarks, and all I have said, calculated to caution you against confounding mere outbreaks of passion, or mere acts of depravity, with that sort of insanity which excuses from punishment, you are not to regard as the expression of an opinion on the part of the Court, that the act of homicide committed by the prisoner was an act of criminal passion or revenge, or that it was an act of insanity. This is the very question you are to decide, and which it is my desire to submit to your decision uninfluenced by any opinion of mine.

The evidence of insanity upon which a jury should rest, will vary with every case; but generally speaking, the evidence of those who saw the person accused every day immediately previous to the commission of the act, who were intimate with him, talked with him, ate and drank with him, and who testify to his acts, his words, his conversation, his looks, his whole deportment, is that on which a jury ought to place the greatest reliance. The evidence of competent medical men, who have had frequent opportunities of observing him about the time in question, especially if they have been in attendance upon, or have visited him with a view to probe the state of his mind, is entitled to very great consideration. It has always been held that medical men may give their opinions in evidence. These are always valuable, and more or less so according to their

opportunities of observing the accused at, or about the time of the act complained of. But if they have not been in the habit of seeing him, if they were not familiar with his habits and symptoms, at or about the time in question, their opinions in relation to a particular individual, are of no more weight, and in my judgment of not so much weight, as those of unprofessional persons of good sense, who have had ample opportunities for observation.

One strong circumstance generally attending the commission of acts of violence by persons who are *really* insane is, the absence of any apparent *motive*. It is not unfrequently their best friends, those who are most kind and attentive to them, who are the victims of their unconscious and destructive violence. I do not say that this absence of apparent motive *invariably* exists in cases of homicide and other atrocious acts committed by insane persons; but I say that it is *generally* the case. Hence, if we witness the perpetration of such an act without any apparent motive or object, but against every motive which would appear to be naturally influential with the person committing it, we are at once awake to the inquiry whether he was in his sound mind, and if we can lay hold of any sufficient evidence that he was not so, this absence of apparent motive, confirms us in the belief that he was insane.

But where the evidence of the case shows that there were strong motives of anger, jealousy, or hate, to actuate the accused, such motives as might naturally induce a man of depraved and wicked heart, and violent, ungovernable, passions, to perpetrate the crime of which he stands accused, we cease to look for other causes of the deed committed, and naturally attribute it to those which so glaringly present themselves. We at once, unless the evidence of his being actually insane is forced upon us, attribute it to his own wicked nature and the unholy indulgence of his ungovernable passions. This process of our minds is natural,

and is founded in the truth and reason of things. You ought to inquire, therefore, gentlemen, whether in the case before you, the prisoner at the bar committed the act charged upon him as a crime, in the absence of any such motive as would naturally inflame the mind of a depraved man to the commission of acts of violence. If no such motive existed, that circumstance will add great strength to the proof of his insanity ; but if, on the other hand, he was assailed by strong motives of revenge, or other passions, you have a right to infer that it was under the influence of those motives that he committed the deed, and not under the influence of insanity, unless the proof of actual insanity at the time is clear and convincing to your minds.

I will take notice of one more consideration which it is proposed for the jury to regard in making up their verdict in this case. It is this. It is undoubted law, that when a man is proved to have been once insane, the presumption is, that he continues so until the contrary is shown. If I have left a relative in England who was then afflicted with insanity, and I have not since heard from him, the presumption is that he is still insane. True, he may have recovered ; and since the humane methods with which the disease is now treated, have become general in civilized countries, the probability of recovery from mental derangements is greatly increased. Still, the presumption of law remains the same. The presumption is that my afflicted relative is in the same condition he was when I left him. But if I learn that he has recovered, or that he has sane intervals, and is sufficiently restored to attend to his business, then the aspect of things is changed. There is no longer any presumption that he is still insane. So, in the case in hand, if the prisoner has proven that he was once insane, the presumption arises that he is still insane at this moment, unless the contrary be shown. The evidence on this subject is all before you, gentlemen, and the prisoner is himself before

you, and if you have no evidence of lucid intervals since the time of the insanity proved, you must of course find him still insane, and insane at the time of committing the act in question. But if the prosecution has succeeded in showing that since the period of insanity (if any) proved by the prisoner, he has been himself conscious of right and wrong, and every way a responsible man, the presumption of insanity is done away.

This, gentlemen, is all that I deem it my duty to say to you on the question of insanity, as a defence. In doing this, it has been my object and design to give you, *in the abstract, and without reference* to the evidence and the circumstances of this particular case, the law upon the subject of insanity when set up as a defence, both as respects the extent and character of that sort or degree of insanity which is required to constitute a defence, and of the evidence by which it may be established. And I hope I may not be understood by you as having, by anything I have said, in the slightest degree indicated any opinion that the prisoner has failed to establish such insanity, at the time of committing the homicide, as ought upon the soundest rules of law, and in accordance with the dictates of our common humanity, to exempt him from the penalty due to crime, when committed by rational and accountable beings; nor on the other hand is it my intention to express any opinion that the defence has been sustained. The question of the prisoner's sanity or insanity at the time of committing the act charged, is appropriately and exclusively within the province of the jury. It will be sufficient for the court to call the attention of the jury to such evidence on the part of the prisoner as lays any foundation for a belief that he was insane at the time of the homicide. I have said that insanity is not to be inferred, but to be proved. By this, however, I did not mean that such acts and conduct as establish insanity can only be proved by witnesses who saw

him at, or about the time of the commission of the fatal deed. On the contrary, the jury may be convinced that he was then insane, and unconscious of doing wrong, from evidence of prior insanity, or strong symptoms of insanity, or of an evident predisposition to it; or from proof of a peculiar temperament of mind, and of nervous excitability in the early and continued history of his life, or in his former partial aberrations of mind upon certain topics, such as temperance, politics, or mesmerism; *if they are satisfied* that the unhappy circumstances in which he was placed in regard to his wife, the grounds he had for believing her unfaithful, and the cruel treatment he received, or believed he received, from her mother and brother, and the attempt to drive him from her, that Richardson, or some one else might occupy his place, had produced such an effect on his already shattered intellect, as to dethrone the little remains of reason he possessed, and leave him unconscious of the wickedness of the act he was perpetrating. And this will present to you the true question in the case which, in the language of Lord Chief Justice Denman, in the case of Oxford (9 *Carr & Payne* 221,) is “whether the evidence given proves a disease in the mind, as of a person quite incapable of distinguishing right from wrong: Whether the prisoner was laboring under that species of insanity which satisfies you that he was quite unaware of the nature, character, and consequences of the act he was committing: or, in other words, whether he was under the influence of a diseased mind, and was really unconscious, at the time he was committing the act, that it was a crime.”

The *expressions* of the deceased are irrelevant to the issue in the cause. If she were a party to the suit; if she were the accuser of this man, and it was a matter entirely between themselves, then *her* expressions—the words she may have uttered—would be admissible against her. But on this issue, between the State of New Jersey, and the pris-

oner at the bar, what she has said or admitted should have no more weight than what any other person may have said. It has been testified that she declared the prisoner insane. This is no proof that he was so. She may have said this for the sake of her own character and credit ; or she may have said it from other interested motives. *What she said* is not to be the rule to guide us here. Nothing but the proof of what the *fact was*, can or ought to have any weight with the jury.

The evidence is before you, and it is your peculiar province to judge of its weight and the results to which it leads. If, in your opinion, it is clearly proved that the prisoner at the bar, at the time of the homicide, was unconscious that what he did was wrong, and that he ought not to do it, you must acquit him on the ground of insanity ; but if in your opinion this is not clearly established beyond a reasonable doubt, then you must find him guilty of the act, and proceed to investigate the nature of the homicide.

In view of my accountability to Him, before whom judges must be judged, who knoweth the secrets of all hearts, and who cannot be deceived, I have most conscientiously declared to you the law, upon the subject of Insanity, when set up as an excuse for acts which, if committed by sane persons, would subject them to severe, or capital punishment. I doubt not, gentlemen, the same high and holy motives will influence your decision ; the same anxious desire to redeem the solemn pledges you have given, will agitate your bosoms, while you are making up your verdict.

ARTICLE V.

ON THE MENTAL DISORDERS OF PREGNANCY AND CHILDBED.

BY FLEETWOOD CHURCHILL, M. D., M. R. I. A., Hon. Fellow of the King and Queen's College of Physicians, &c., &c.

[From the "Dublin Quarterly Journal of Medical Science," for Feb. 1850.]

I have no intention, in the present Essay, of entering upon the subject of insanity generally, or the inquiry as to whether it is owing to bodily derangement alone, as some have maintained, or whether the mind itself may not, in some instances, be disordered. Without attempting the solution of the problem, it is sufficient that we admit that man is a compound being, with the inter-dependence of mind and matter so finely adjusted, that, so long as the balance is preserved, the action of the machine is as perfect in its nature as wonderful in its results.

But the very nicety of this balance, the very intimate and accurate relation between the body, or especially the brain, and the mental development, appears occasionally to lead to the disturbance of the latter. The cords are so fine and so tense that an excess of vibration in the one extremity induces discord in the other.

If this is the case with men, who are possessed naturally of a firm and vigorous constitution,—if a very slight deviation from bodily health distorts or upturns their mental operations, how much more exposed must women be to such disturbances, who, in addition to the causes common to both, possess a more delicate organization, more refined sensibilities, more exquisite perceptions, and are, moreover, the subjects of repeated constitutional changes and develop-

ments of a magnitude and importance unknown to the other sex.

These functions are, menstruation, conception and pregnancy, parturition and childbed, and lactation. That functions of such great consequence, involving changes so enormous in their results, and yet so delicate in their minute details, should exert an influence upon the mind of the female, cannot be a matter of surprise, and a little inquiry will show us that the mental condition does correspond to these changes by an increased sensitiveness and by a greater liability to disturbance ; and further, that this disturbance may amount to incoherent action or insanity.

Contrast for a moment the mind of a young girl before and after puberty. Previously to that event, it is the mind of a child, merry, thoughtless, volatile ; occupied with childish trifles, delighted with toys ; playing with her brothers, and differing from them mainly in some little feminine tastes, and in being less boisterous.

After menstruation, a great and rapid change is evident ; womanly tastes and womanly feelings have sprung into existence ; thought, feeling, and reflection are substituted for her former levity : her expressions are more refined, more reserved, and indicating deeper sentiment ; her affections are warmer yet more finely tempered ; her pursuits are more elevated, her tone of mind more serious. Occasionally she is sad without cause, and her sympathy for sorrow and distress is more deep and earnest ; even her joy, though less buoyant, is more intense, and her tastes are finer and more delicate. In short, under the influence of bodily development, her mind has expanded. and from a lively merry girl, she has been transformed into a woman.*

Now, from this susceptibility of the nervous system, this mental sensitiveness, the step to morbid excess of it is but

*Raciborski, *De la Puberté*, p. 103.

slight, and the gradations are very easily traced. The pensiveness may degenerate into sadness and melancholy, especially under the influence of any moral cause; or a disturbance of the bodily functions may excite the morbid mental condition. Hysteria and analogous nervous affections are nearly allied to more serious mental disorders.*

Dr. Haslam observes:—"Insanity and epilepsy are often connected with menstruation, and suffer an exacerbation of their paroxysms, at the period when the discharge happens or ought to happen;" and he gives a case, of which he says that "the insanity of M. M. was connected with her menstruation; after its cessation she recovered, although she had been confined for more than sixteen years."†

Dr. Spruzheim remarks: "Many delicate premature females, of lively disposition, at the period of menstruation or soon after, by imperceptible degrees, lose the manifestations of the mind; they become inactive, and neglect those objects and pursuits which formerly were to them sources of instruction and delight. They do not show the same attachment to their parents or friends; they are careless of reproof, and unfeeling to kindness; they are negligent in their dress, inattentive to personal cleanliness, and finish with a general apathy and idiotism.‡

Dr. Burrowes says: "Everybody of the least experience must be sensible of the influence of menstruation upon the operations of the mind. It is, in truth, the moral and physical barometer of the female constitution."§

"Some females," observes Dr. Prichard, "at the period of the catamenia, undergo a considerable degree of nervous excitement; morbid dispositions of mind are displayed by them at this time, a wayward and capricious temper,

*Laycock on Nervous Diseases of Women, p. 551.

†On Madness and Melancholy, pp. 215, 232.

‡On Insanity, p. 162.

§Commentaries on Insanity, p. 146.

excitability in the feelings, moroseness in the disposition, a proneness to quarrel with their dearest relatives, and sometimes a dejection of mind approaching to melancholia.”*

That menstrual disorders, particularly amenorrhœa, are frequently coincident with insanity, is freely admitted by all writers, some, however, maintaining they are causes, others that they are effects. Dr. Burrowes takes the latter view, but in one of his cases the reverse was the case. Dr. Prichard observes: “Sudden suppressions of the catamenia are frequently followed by diseases of the nervous system of various kinds. Females exposed to cold, undergoing powerful excitement, experience a suppression of the catamenia, followed, in some instances, immediately by fits of epilepsy or hysteria, the attacks of which are so sudden as to illustrate the connection of cause and effect. In attacks of madness the catamenia are, for the most part, wholly or partially suppressed during the early periods, and in many cases it is not easy to say whether the suppression is the effect or the cause of the disease. We have already alluded to the case of a young female, mentioned by M. Esquirol, who suddenly exclaimed that she was cured of her disorder; her catamenia had flowed spontaneously, and her restoration to sanity was the immediate consequence.”†

The observations of M. Foville fully confirm the statements of Dr. Prichard,‡ and I find that in a table of 235 cases of dementia by M. Esquirol, fifteen are stated to be from disorders connected with menstruation, and thirty-five connected with the critical age. He has also remarked that madness is more frequent in proportion among women under 20 than above 50.

I saw a case lately illustrating the point in question. It was that of a young lady aged 17, who had menstruated

*On Insanity, p. 207.

†Ibid, p. 207.

‡*Dict. Med. et de Chirurg. Prat.* vol. i, p. 521.

regularly for a year or thereabouts, but in whom the discharge had been suddenly arrested without apparent cause. She complained of headache for a few days, and then it ceased; her pulse was perfectly natural and her appetite pretty good, but her mind gradually became clouded, and at length the prey of the greatest misery; she regarded herself as a castaway, spoke of her doom as fixed forever in misery, and became completely insane. Neither medicine nor change of air and scene did her any good, and her friends were reluctantly obliged to think of placing her in confinement, when the menses suddenly reappeared, after eight or ten months absence, and she immediately recovered her mental health.

A curious case came under the observation of Mr. Speedy and myself some time ago. A servant-girl, aged 17 or 18, was sent to live in a lone house near Howth, where the only person she saw was a policeman. She had previously been irregular, and was much depressed. On returning home she was unwell, and talked nonsense, and her mother, supposing she had fever, sent her to Cork street hospital; thence she was dismissed as not having fever. On coming out she declared to a clergyman that she was pregnant and going to miscarry. We took her into the Western Lying-in Hospital, but could find no evidence of pregnancy, but enough of congestion, and probably of inflammation of the brain, for which we treated her, and of which she died. On *post-mortem* examination, not only was she not pregnant, but, so far as we could judge from the state of the organs of generation, she was a virgin. Her pregnancy was insanity. The late Dr. Hunt related a similar case to me.

Connected with menstruation and its derangements, as I have already mentioned, is the protean disorder which we call hysteria, and this, as Dr. Burrowes observes, will sometimes degenerate into mania: "Nervous, susceptible

women, between puberty and thirty years of age, and clearly the single more so than the married, are more frequently visited by hysteria, and such constitutions have always a greater aptitude to strong mental emotions, which on repetition will superinduce mental derangement, and perhaps epilepsy.”*

“The critical period,” according to the same author, “as it is called, when menstruation ceases, is certainly favorable to the development of mental aberration. The whole economy of the constitution, at that epoch, again undergoes a revolution. The moral character, at the age when the menses naturally cease, is much changed from what it was on their first access; and every care or anxiety produces a more depressing and permanent impression on the mind.”† Dr. Haslam refers to several cases of insanity which ceased at the critical period.

I may add that the deviation from mental health in women, even when the intellectual faculties are plainly disordered, is generally caused through the affections or moral qualities, and in this they differ from men under similar circumstances.

No one, I am sure, will suppose that I mean to assert the necessary or frequent connection between menstruation and insanity, but merely their occasional combination; neither do I pretend to explain it; the fact is as I have stated, and it is of practical importance to remember that the changes of character and the mental development are dependent upon the bodily functions called into existence at puberty.

But this inter-dependence of mind and bodily functions is more remarkably exhibited during the next great development in the female economy. The sensibilities expanded by puberty are heightened during pregnancy, and not unfrequently more or less disturbed. The increase of local

*Commentaries on Insanity, p. 192.

†Ibid, p. 192.

organic action is accompanied by general nervous irritability, which shows itself in various modes and degrees. Few women are quite as self-possessed, or in as even spirits, during pregnancy as at other times; little things annoy them; trifles depress them; or it may be that they are just as inordinately excited, displaying a degree of caprice or levity foreign to their character. Sometimes the most sweet-tempered become irritable, cross and quarrelsome. The husband of a patient of mine told me that the earliest symptoms of pregnancy in his wife, who was remarkably good-tempered and attached to him, was a disposition to quarrel with himself especially.

Dr. Montgomery mentions the case of a lady who, for the first two or three months of pregnancy was so irritable that, to use her own words, "she was a perfect nuisance in the house." He also relates one of an opposite character. "A gentleman lately informed me that being afflicted with a step-mother, naturally more disposed to practice the *fortiter in re* than to adopt the *suaviter in modo*, he and all the household had learned from experience to hail with joyful anticipations the lady's pregnancy, as a period when clouds and storms were immediately exchanged for sunshine and quietness."*

In a late volume of Guy's Hospital Reports, Dr. Lever relates the case of a lady who was two months pregnant, and who, from having been the life of the household, light-hearted and gay, "now sat wherever she was placed, neither turning her head or her eyes to one side or the other, she was a living automaton; her movements were automatic; there was life, it is true, but there was no mind; her chiselled face seemed cut in alabaster."† She recovered after her confinement.

Dr. Burrowes observes, that "whenever mental disturb-

*On the Signs of Pregnancy, &c., pp. 18, 19

†Vol. v. p. 22, second series.

ance occurs during pregnancy, it partakes oftener of an idiopathic character, either in the form of mania or melancholia, than of the delirium which succeeds parturition." "I have seen," he adds, "two cases where hysterical symptoms attended during pregnancy, and the patient almost immediately upon delivery became insane."*

(To be concluded in our next.)

BIBLIOGRAPHICAL NOTICES.

ART. VI.—*Notice of some Experiments in Heating and Ventilating Hospitals and other buildings, by Steam and Hot Water, with remarks.* By THOMAS S. KIRKBRIDE, M. D., Physician to the Pennsylvania Hospital for the Insane. Philadelphia, 1850: 8vo. pp. 20.

This valuable communication appeared originally in Dr. Hays' "*American Journal of Medical Sciences*," for April 1850, and is doubtless familiar to many of our readers. In the present pamphlet form it will extend the knowledge of probably the most important improvement, of late years, in the construction of public buildings, in which a large number of persons are permanently collected.

Dr. Kirkbride details in a clear and concise manner, the erections for the above purpose, in one of the wings of the Pennsylvania Hospital for the Insane, and the Pennsylvania Hospital. Wood-cuts accompany the narrative, in illustration of it. He also states that since 1846, fixtures for heating by steam and hot water have been put up in the New Jersey State Lunatic Asylum, the New Jersey

*Commentaries on Insanity, p. 364.

State Prison, the Philadelphia Alms-House, the Maine Insane Hospital at Augusta, and the McLean Asylum for the Insane, near Boston.

The concluding remarks of Dr. Kirkbride appear to us so important, in relation to general health, and to the great necessity of instructing the public concerning it, that we copy them without any curtailment.

“ *Remarks.*—The subject of heating and ventilating buildings is one in which every individual has a direct interest, and the constant inquiries for improvements in the means for effecting these objects, is among the best proofs how imperfect and unsatisfactory are most of those heretofore employed. The experiments detailed in the preceding pages possess value as exhibiting to inquirers on the subject the actual results of several trials of two important agents, and the whole arrangements connected with which are open to the inspection of all who wish to examine them. To answer some of the many inquiries frequently addressed to the writer, he has, without aiming at any special novelty, added some remarks, embracing his own present views on the subject, and some of the conclusions to which he has arrived, after carefully observing the practical working of most of the kinds of heating apparatus used in this section of country.

“ An abundance of pure air of a proper temperature is obviously so essential to the health and comfort of every one, that it is a matter of astonishment that, in the construction of both public and private buildings, no part of the original plan, as a general rule, receives so little attention as that which relates to their heating and ventilation. In some of the most costly public buildings in the country, the plan for heating has not even been asked for till the structure was nearly completed; and in almost any proposal for putting up an edifice, in which the architect has chanced to make special provision for ventilation, if the

estimates seem to high, that item will be the first to be rejected, even when costly external and internal ornaments, not always in the best taste, are unhesitatingly retained.

“Most of our public buildings, in which large numbers of persons are collected even for a limited period, demonstrate very forcibly the want of proper provision for heating and ventilation ; and hospitals, whether for the ordinary sick or for the insane, filled as they constantly are with individuals to whom pure air is of especial importance, have suffered more than any other class of structures from these inefficient arrangements ; but many of the most costly private residences will also exhibit most strikingly the imperfect mode by which heat is obtained, as well as the almost entire absence of ventilation.

“Those who have passed any considerable part of their lives in the days of open fires, although they may have vivid recollections of cold currents of air on their backs, while their faces were nearly scorched, still remember a general feeling of comfort—a degree of mental and physical vigor—a certain something which they find wanting in rooms warmed by air that has passed over iron, nearly or quite red hot, while almost every opening that could permit ventilation is carefully closed. No wonder they have pleasant recollections of the open fires of past days, and in their comparisons of the old and most of the new fixtures for heating, find little that is indicative of the great progress of the age. In those days, they had a thorough ventilation if there was but little heat ; now, with a superabundance of heat, there is no ventilation.

“Any apparatus, to work properly, must supply our apartments with an abundance of pure air, moderately heated, and, at the same time, furnish a steady ventilation proportionate in amount to the number and physical condition of the occupants of the building. Whatever plan

effects these objects must effectually, most conveniently, most economically, is the best.

“ In private buildings, many contrivances may be used that are not admissible in hospitals, and especially in hospitals for the insane. A well-constructed air furnace to heat the halls, and moderate the general temperature of the upper rooms of a private house, while open fires are used in the parlors and sitting-rooms below, has been found by the few who, valuing health and comfort above the extra cost and trouble of such an arrangement, have adopted it, to afford, with a proper heat, a very desirable kind of ventilation. But in hospitals it will be found best to dispense with open fires in the wards, and to rely upon fixtures in the cellar of the building, which will not only warm an abundance of fresh air from the external atmosphere, preparatory to its admission into the rooms above, but also give power enough for affording a thorough forced ventilation.

“ Hot-air furnaces being rejected as uncertain and unsatisfactory in their operation, steam at a low pressure, or hot water, of a temperature not higher than 212° F. at the boiler, will be found the most desirable agents that can be employed for these purposes. These, it is to be understood, however, are only recommended when used for heating fresh air preparatory to its admission into the rooms above, as before stated, and not for heating the air already in them. The plan of obtaining warmth by direct radiation from steam-pipe placed in the different apartments, and kept hot by the waste steam from the boilers, as is extensively used in manufactories, although a very economical mode of obtaining heat, is highly objectionable, and ought not to be adopted where any active ventilation is desirable.

“ Used as proposed, and with the boilers, as will be recommended on a subsequent page, placed outside of the building, steam and hot water have many important recom-

mendations. With such an apparatus, the danger of accidental fire is much lessened; for all fire may be dispensed with in the building, except for some kinds of cooking, baking, and ironing: all the dust and dirt from taking in and moving the coal, and carrying out ashes, and all the annoyance from the escape of gas from imperfect pipes or making fires, is completely avoided. The air cannot be excessively heated, and when freely admitted into the wards, seems like a summer breeze.

“There appears to be little doubt that either steam or warm water will effect every desired object, and, judging from our experiments, without any material difference in cost. For private dwellings, the hot water is most desirable; it is perfectly safe, there is no objection to the boiler being in the cellar, and any one who can take charge of a common fire can attend to it; but in large establishments, where it will be necessary to keep a regular fireman, steam is to be preferred. This person will be responsible for the apparatus being kept in order: and as steam can be made to circulate more rapidly, little inconvenience will be experienced if the fires should happen to go down. The distance from the boiler at which steam can be conveniently used, and the small size of the pipes in which it may be conveyed, render it almost impossible to calculate the extent to which this wonderful agent, which is revolutionizing so many of the operations of mankind, may yet be employed in supplying warmth to the inhabitants of cities. There seems to be no reason why housekeepers and the proprietors of stores should not, at some not very distant day, buy heat for their dwellings as they now do light and water. Preparing the air-chambers in their cellars, steam could be delivered to them for circulation in their pipes, by any enterprising person, who, selecting a cheap location in the rear of a range of dwellings or stores, might, entirely underground, have all the fixtures necessary for supplying steam

to a whole square, the residents of which, in addition to the important matter of being saved from one great source of accidental fire, would be spared the annoyance of getting in coal, making numerous fires, removing ashes, &c. For stores in which the doors are much open, simple radiating pipes in the different rooms might be sufficient, as it would be less costly than the plan recommended for private dwellings.

“The distance to which steam can be conveyed in thoroughly protected pipes under or above ground, is one of the features which make it so desirable for warming very large establishments. At the distance of one thousand feet from the boiler, when proper care is observed, the force and temperature of the steam do not appear to be materially impaired.

“The kind of boiler adopted where steam is used, may depend very much upon the fancy of those who select it, and upon the position which it is to occupy. The tubular boiler has been adopted in several of the fixtures noticed in the preceding pages, and has the advantage of occupying much less space than the common cylindrical one. Steam can be raised more quickly; if well made, they are equally strong; and very little masonry is required in putting them up; while, on the other hand, if not restricted for room, the simple cylindrical boiler is less costly, much less likely to require repairs, and at least as safe.

“Whichever kind may be adopted, it is of great importance to secure ample boiler room; the ability to generate rather more steam than we expect to require, is highly desirable; and they should always be used under a very moderate pressure.

“In all cases, it is important that two boilers of moderate size should be used, rather than one large one. Under no circumstances should a single boiler be depended on to heat a hospital, or a large section of a hospital; for some acci-

dent may occur that would effectually prevent its use for some days in the severest weather ; when there are two the uninjured one would be sufficient to prevent any suffering from such a cause. Besides, a single boiler may be amply sufficient for mild weather, when two would be fully required when the temperature is very low.

" The boilers should always be placed outside of the building that is to be heated. They can easily be protected so as to give out but little heat ; and the heat from the boilers ought not to be depended upon for warming the rooms that are occupied by patients. Although it seems scarcely possible that an accident can occur to boilers properly made, and properly used, for heating, they should be placed in a position, where all risk to those occupying the building would be removed. Another important reason for such a location of the boilers is that, if in the building, the dust from the coal and ashes, and a certain amount of gas, while the fire is being made, must necessarily escape into the rooms above. When the boilers are outside, the depots for coal, ashes, &c., should also be exterior to the building, easily accessible, and immediately contiguous to the boiler.

" The boilers should always be placed so low that there will be no difficulty in the condensed steam returning promptly to them ; and upon this source of supply they ought to depend. If this works properly, the greatest source of possible accident is removed. More annoyance has probably arisen from the want of attention to this point, than any other, and has frequently occurred from the boilers being placed inside of buildings, which did not permit any great amount of excavation in their cellars.

" For conveying away the gas from the boiler fires, a cast-iron pipe, if perfectly tight, may be used ; and, in winter, no objection exists to its passing through one of the air-chambers ; as, in a good tubular boiler, or a cylindrical one of proper length, the temperature will be found so very

moderate, that no injury will result from its presence. It may then be carried up in the centre of a ventilating shaft; but the great absorption of heat by the water in the boiler will prevent its being as effective a moving force as would have been supposed. If this arrangement is adopted, in summer it will be necessary to use an underground flue, and a downward draft, to prevent annoyance from the heat, that otherwise would be communicated to the air-chamber.

“ Either small welded iron pipe, of a diameter not exceeding one inch, or cast-iron pipe of several inches in diameter, may be used in the air-chambers. The small pipe has generally been adopted in this vicinity, from its very great convenience in being put up, and in repairing; for the facility with which it may be adapted to any position, as it can be bent to any form; the readiness with which changes may be made in the fixtures; while its cost is no greater for the same amount of radiating surface.

“ The air-chambers should always be large, and, if possible, made to extend nearly throughout the length of the building, so that the flues for the different stories and apartments, passing from the top of the chamber, may be as direct as possible. About six feet appears to be a convenient width, and probably gives all the advantages of a wider one; although some which are twelve feet wide, when passing under a central corridor, with rooms on each side, have been found to be unobjectionable, and to give increased facilities for conveying the warm air to the different apartments above. They should be about seven feet high, so that persons may walk comfortably in them, and have ample space for arranging the necessary fixtures. The cold air should be admitted near the bottom of the air-chamber, and regularly diffused throughout its whole length. It should always come from the external atmosphere, either through a large trunk, underground, or through

openings in the cellar windows, into an air reservoir, before it is allowed to pass into the air-chamber. These openings should always be controllable; for the force and direction of the wind, and the external temperature, may modify materially the amount of air that should be allowed to pass through them. The floors of these air-chambers should be of plaster or cement, to prevent dust, and that they may be easily kept perfectly clean.

"To permit these arrangements to be properly carried out, the entire cellar of hospital buildings should be excavated; the first cost is but trifling, and the subsequent convenience exceedingly great.

"One of the advantages of heating by steam and hot water is, that the air-chambers and flues may safely be made of wood, wherever the use of that article is deemed desirable. In arranging flues in old buildings, where additional space is required, this is often highly important; and, by care, considerable projections may be made in corridors, without at all impairing their general appearance. When air from steam or hot water is used, too much care cannot be taken to make all flues, whether for the admission of warm air, or the egress of foul air, very large—much larger, indeed, than is supposed necessary. In some of the experiments recently made in the use of these agents, the grand defect has been a neglect of this point; many of the flues being, in my estimation, not one-sixth of the size that is desirable to do justice to the system.

"A free admission of fresh air into the air reservoir is also important. Firemen generally will be found to have a dread of cold air being allowed to enter the air-chamber in severe weather, and will, consequently, if permitted, close most of the external openings; but a series of carefully conducted experiments in this institution has proved most satisfactorily that a free admission of fresh air is necessary to give full efficiency to the apparatus. Although

the temperature of the air reservoir was much reduced, and that of the air-chamber moderately, still in the rooms above, the thermometer was found to have risen, and the character of the air materially improved; so that more comfort would have been experienced, even if at a rather lower temperature. In conducting these experiments, another interesting fact was fully established, as has been noticed by others, that, with air from steam pipes, freely admitted, and with an active ventilation, patients were much more comfortable, and expressed themselves as feeling warmer, when the thermometer was at 65° , than with the ordinary hot air from furnaces, at or above, 70° .

“No system of heating can be perfect, or give satisfaction unless it is connected with a forced ventilation. Although it has been common for us to speak of openings in the walls of our hospitals that simply lead to an attic, as being for ventilation, a few actual trials of the movement of the air in their neighborhood, would satisfy any inquirer of their utter inefficiency. Windows and doors, in certain seasons and in certain states of the atmosphere, are valuable as a means of ventilation; and there has always appeared to me an excess of science, when it is seriously proposed to reject all the aid we can occasionally receive from a natural ventilation; but, at the same time, it must be confessed that, when wanted most, little or no ventilation is to be obtained in this way. Those who have been in the habit of showing these openings in the wall, which lead upwards or downwards, as the case may be, but through which no air passes, or, if it does, is quite as likely to go in the wrong as the right direction, although they may have satisfied inquirers, it is no less certain that they have been laboring under a delusion if they supposed that the wards were ventilated through their agency.

“As a forcing power, if the proper machinery was at hand, and could be kept in regular operation, I feel quite satisfied that nothing would be so reliable and so efficient as the fan, warm air being supplied for ventilation. But, as this cannot commonly be effected, it is necessary to resort to other means; although stationary fans, worked by hand, for wards, or movable fans for single rooms, may often be used most advantageously in old buildings, which have been put up without any reference to means of ventilation.

“Next to the fan, heat, as a means of forcing the upward current of air in the foul air shaft, is the most valuable, and in some positions is recommended by its convenience. Where a steam apparatus is used, a coil of steam pipe of proper size introduced into the shaft has an admirable effect. The steam jet, where there is an engine worked at a high pressure, is very effective, but where there is as little pressure of steam as I have generally seen in the heating apparatus, used in this vicinity, it is of little value. A cast-iron gas pipe from strong fires of any kind, carried up in the center of a ventilating shaft, is found to add essentially to the activity of the upward current of air, but the heat given out by such a pipe from a tubular boiler I have found to be much less than I had anticipated. Various contrivances, of an old date, are valuable on the tops of these ventilating shafts, in preventing the action of the winds, which otherwise occasionally very materially interfere with the upward current of the foul air.

“Both the upward and downward ventilation have advantages and disadvantages which will readily suggest themselves. In many cases it is very convenient to have the warm air admitted near the floor, and the upward ventilation will then be adopted; but for some classes in hospitals for the insane, the admission of the warm air near the ceiling, and the withdrawal of the foul air near the floor, has many highly important advantages to recommend it. Either plan

will be successful in a well-matured system, in which the flues are judiciously arranged, and a liberal amount of forcing power used. Without ample forcing power, neither can prove satisfactory.

“The experiment of introducing coils of steam pipe into the space previously occupied by hot-air furnaces, as detailed in the notice of the apparatus recently put up in the Pennsylvania Hospital for the Insane, is deemed important to institutions now heated by furnaces, as showing with what facility the system may be changed. A slight enlargement of these chambers has been found sufficient to afford space for steam pipe enough to give out more heat than was previously obtained by the furnaces. As commonly arranged, not only the chambers, but the flues of ingress for cold air and egress for warm, will require material enlargement, and the passage of the heated air from the chamber should be made as direct as possible. The Pennsylvania Hospital for the Insane, exclusive of those parts now warmed by steam and hot water, has thirty hot air furnaces, in regular use during severe weather. No doubt is now entertained by the writer, but that two large boilers, placed in a central position, would give sufficient steam to warm air enough in these chambers to heat the whole of the building;—while all the trouble and annoyance of getting into the building and moving several hundred tons of coal, all the dirt and dust from making up the fires, the occasional escape of gas in some positions would be avoided, and a considerable saving in the amount of fuel used would almost certainly result from the change.

“In using a steam apparatus in a hospital, it is generally desirable that the temperature should be kept up about as steadily during the night as by day, in order to insure an equal activity of ventilation. This may occasionally be done by the ordinary watchman keeping up the fire, where the apparatus is conveniently situated, but when very large

it should be attended to by one of the regular firemen. When steam is allowed to go down at bed-time, and then raised early in the morning, it will be necessary at the first named hour to close the cold air openings, and somewhat diminish the openings for ventilation. Even by these precautions, the temperature cannot be kept uniform, which is the important objection to this mode of management, although to avoid additional expense it is often adopted.

"Although the experiments detailed in the preceding pages have proved, almost invariably, successful ones, it is not to be disguised that attempts in some other quarters have not been equally satisfactory. The heating of fresh air by means of steam and warm water has not as yet become sufficiently well understood by most of those engaged in warming buildings, to render success certain, except by those who have thoroughly matured their plans, and devoted a large amount of study to the subject; but, when undertaken by these, it may be pretty confidently asserted that sufficient experience has now been obtained to do away with all fears of a failure.

"The Association of Medical Superintendents of American Institutions for the Insane, at their last meeting at Utica, New York, in 1849, unanimously resolved, 'that the experiments recently made in various institutions in this country and elsewhere, prove to the satisfaction of the members of the association, that the best means of supplying warmth in winter, at present known to them, consists in passing fresh air from the external atmosphere over pipes or plates containing steam at a low pressure, or water, the temperature of which at the boiler does not exceed 212° F., and placed in large air-chambers in the basement or cellar of the building to be heated.' They also resolved, 'that a complete system of forced ventilation connected with such a mode of heating was indispensable in every institution like hospitals for the ordinary sick or insane, and where

all possible benefits are sought to be derived from these arrangements,' and that 'no expense that is required to effect those objects thoroughly, can be deemed either misplaced or injudicious.'

"Comprising, as this association does, the physicians and superintendents of nearly every respectable institution for the insane on this continent, it may be safely asserted that no other equal number of men have had so much cause to lament the great deficiency of most of the present arrangements for heating, and of observing the utter want of ventilation in many otherwise noble buildings, or been compelled to devote so much care and attention to the investigation of the different plans that have been proposed to remedy these evils.

"The unanimous declaration of sentiment by such a body of men ought therefore to prove encouraging to those who are about erecting new buildings or making improvements in those already built. The experiments made since the passage of this expression of opinion have fully confirmed its correctness, by practical results of a perfectly reliable character.

"The only decided objection likely to be urged against the adoption of these modes of heating and ventilation, is the first cost of the fixtures, for, when in operation, they will be found to be decidedly economical.

"The importance, however, of giving at all times an abundance of pure fresh air, of a proper temperature, to the inmates of all hospitals, is so great, that the justness of the declaration of the association just referred to, that 'no expense that is required to effect this object thoroughly can be deemed either misplaced or injudicious,' can scarcely be questioned. It will be found, indeed, that in all the arrangements of hospitals, true economy consists in doing every thing connected with the buildings or fixtures in the best and most substantial manner, and that such a course

of proceeding will prove, in the end, not only cheapest, but most satisfactory to every intelligent community."

ART. VII.—*The Influence of Distance from, and Proximity to, an Insane Hospital, on its use by any People.*—Read before the American Statistical Society, by EDWARD JARVIS, M. D., Dorchester, Mass.

[Published in the "*Boston Med. & Surg. Journal*," of April 17, 1850.]

The Massachusetts State Lunatic Asylum is situated at Worcester, the centre of the Commonwealth, and extremely easy of access.

During seventeen years, it has received 3,347 patients from the several counties in the State, and which contained in 1840, a population of 737,699. Of these Worcester county sent 816 patients; with a population of 95,313. The contiguous counties of Hampshire, Hampden, Franklin, Middlesex and Norfolk, with a population of 256,836, sent 1,180 patients. The remote counties of Berkshire, Essex, Plymouth, Barnstable, Bristol, Nantucket and Dukes, whose total population was 289,788, sent 1,019.

A similar result is observed by Dr. Jarvis, in reviewing the statistics of the Maine Insane Hospital, the New Hampshire, Rhode Island, Connecticut, New York, New Jersey, Maryland, Virginia, Ohio, Tennessee and Kentucky Asylums. The New York State Lunatic Asylum, for example, is located at Utica, in Oneida county. During the seven years since the opening of the Institution, Oneida county, with 85,210 inhabitants, has sent 236 patients, or 1 in 361. Eleven contiguous counties, within fifty miles of Utica, with a population of 408,000, sent 600 patients, while twenty-nine counties, more than one hundred miles from Utica, and with a population of upwards of a million, sent 650 patients.

Now, after making every possible allowance, for disturbing causes of every description, and which will readily

suggest themselves to the reader, we have no doubt that Dr. Jarvis is right, in assigning proximity as the cause of the increased number of patients from a particular locality—and this without reference to the actual existing number of patients in the respective geographical divisions. We imagine, indeed, that a similar result occurs with reference to other classes of Institutions. The Common School will be most frequented by those who reside the nearest to it. The county in which a College is situated, will send more than its proportion of undergraduates. We recollect, during a term of office of a quarter of a century, frequently showing by a reference to the annual catalogues, that Herkimer county furnished very many more students at the Western Medical College, situated within its borders, than it was entitled to, by its population, when compared with adjacent counties.

If we concede the truth of the proposition laid down by our author, and the reader has the data for this purpose before him, it next remains to inquire whether it is susceptible of useful practical application. No one, we imagine, will doubt this, after a perusal of the following remarks of Dr. Jarvis, and which we submit at present without comment :

“ Exeeping lunatic establishments in or near some large cities, as that of Blackwell’s Island, New York—Hanwell, near London, or Bicetre in Paris, it is morally impossible that any large institution of this nature should be able to diffuse its benefits equally to any large and rural population—and especially if they are spread over any considerable extent of territory.

“ It was at first proposed to build at Utica, in the centre of New York, one grand lunatic establishment, whose magnificence should correspond with the greatness of the Empire State, and which should offer equal advantages to, and receive one thousand patients from, all parts of the State.

There was a seeming grandeur in this plan; but it was a magnificent mistake. It might provide for and receive all the lunatics of Oneida county, and nearly all those of Herkimer and Oswego counties, but not more than a fifth or a fourth of those of Rockland and Clinton. The same is and must be the practical result of every large establishment for this purpose.

“These facts ought to be considered by those who propose to create anew any great hospital, or enlarge one that is already in operation. There is a certain size of asylums which is most convenient for management, and the most advantageous for patients. They should be sufficiently large to contain as many patients as are necessary for proper classification and management, and to give employment to all the kinds of officers and attendants. On the other hand, the kind of limit proposed by the judicious and cautious Dr. Bell, in one of his first reports, should be regarded. He thought that the patients should not exceed that number whose characters, wants, diseases and peculiarities the physician could understand, with each of whom individually he could become acquainted, and over whom he could personally exercise all proper and remedial influence. This number, Dr. Bell thought, should not exceed 150. But probably, including old and merely custodial cases, it might be extended to 200 without detriment.

“But whatever number is considered as the best for the good of the patients, that should be first regarded, and the size of the hospital planned to correspond to it. And next, it must not be forgotten, that this institution is necessarily and practically local in its operation, and that instead of building up large establishments with the vain expectation of concentrating the lunatics in equal proportions from the people of all districts, both far or near, the only way to diffuse these benefits in any degree approaching to equality, is to divide the curative and custodial means for the insane

among the various districts of the State out of which the patients are to come.

“If, instead of enlarging the Worcester Hospital in 1843, the State had built another in the valley of the Connecticut, or in the eastern or south-eastern counties, the circle around the new establishment might have sent to it as large a proportion of its population as that which the circle around Worcester has sent to the one already built.

“The New York State Hospital contains 449 patients. If, instead of building this single and great Institution at Utica, the State had built four smaller ones in the northern, southern, middle and western sections of its territory, the circles of fifty miles around each of them would have sent as large a proportion of their patients to their neighboring hospitals, as that around Utica. Instead of one highly favored centre, and a broad margin all around enjoying less than a third as much, there would have been four favored centres, and none so far off as to enjoy so small a proportion of the hospital benefits as the most distant class of counties now does.

“The enlargement of any hospital already in existence, and thus inviting more patients to its wards, does not meet and remove the difficulty. If there are still any lunatics in the vicinity who are not already in the institution, the new accommodations are as open to them as to those who are farther distant, and the new invitations reach and act upon those first whose proximity enables them the most readily to understand, and appreciate, and avail themselves of the new advantages. And if the neighboring people have hitherto used the hospital to a certain degree, and the distant people to a less degree, when these advantages are increased they will both send more patients, and there will still be a difference between them.”

ART. VIII.—*An Inquiry into the alleged Tendency of the Separation of Convicts, one from the other, to produce Disease and Derangement.* By a CITIZEN OF PENNSYLVANIA, (F. A. Packard). Philadelphia, 1850: 8vo. pp. 166.

We are indebted to Dr. Kirkbride for a copy of this work. It is, as might possibly be anticipated from the residence of the author, an elaborate and ardent defence of the separate system of confinement. The charge of its peculiar tendency to induce disease and insanity is altogether denied, and the testimony of the successive physicians to the Eastern State Penitentiary, during a term of nearly twenty years, goes very satisfactorily to warrant the denial.

Mr. Packard is not, however, inclined to rest at this, but carries the war into the enemy's camp. The chapter entitled "Medical Practice in a Congregate Prison," is calculated to attract attention from the propositions laid down in it, and their startling illustrations deduced from the well-known case of Abner Rogers. It is not the time, or the place, for us to enter on this warmly controverted subject, and we have noticed the work only on account of its bearing on the subject of Insanity, and as forming a part of its current Literature.

ART. IX.—*The Biblical Repertory and Princeton Review.* Jan. 1850. "Art. 1. The Relations of Religion to what are called Diseases of the Mind."

In the number for April, 1848, of Winslow's "Journal of Psychological Medicine and Mental Pathology," will be found a review of a work entitled "*Religious Insanity, illustrated by cases; a contribution to the history of the Religious errors of the Age.*" By Dr. K. W. Ideler, Professor of Medicine, &c., in the University of Berlin." While analyzing the peculiar opinions of the Professor, the British writer at the same time advances many ideas equally divergent from received belief. And the article just quoted from the Princeton Review, is intended as an examination and refutation of the opinions of both.

Dr. Ideler is stated to be a German transcendentalist, and would seem to argue that such states of general excitement as were witnessed at the period of the Reformation, in Jack of Leyden and his followers, and at the present day with the Mormons and Millerites, are to be considered as instances of *religious* insanity. We doubt his qualifications to define what true religion is, and must therefore demur to this peculiar species of insanity, preferring greatly the term, *ir-religious* insanity.

In imitation of many recent English critical notices on the works of Americans, we respectfully recommend a perusal of the Princeton article to Dr. Winslow. He will find some ideas which appear scarcely to have occurred to him, in *his* "search after religion."

ED.

S E L E C T I O N S .

THE CASE OF PATE.

We are happy to find that the decision in the case of the *Queen v. Pate*, which we gave in our last number, has not escaped censure from the legal profession in England. The August (1850) number of the "Law Magazine" contains the following remarks :

"It seems difficult, in England, for the public mind to abandon one excess without running into the opposite extreme. From foolish credulity in pleas of insanity, we are now betaking ourselves to an equally unjust and irrational rejection of them. Pate's case is a single instance. We speak but the commonly expressed opinion at the bar, that his conviction was directly and palpably against evidence."

After quoting the law, as laid down by Baron ALDERSON, the writer goes on to say :

"We have the highest respect for the judicial talent and acumen and great experience of this learned judge, but, with great deference, we think this doctrine scarcely reconcilable with the admitted principle of responsibility. It appears to us that this depends on the volition of the perpetrator of the crime, as much as on his knowledge of right and wrong. We cannot distinguish between compulsion from *within* and from *without* constraining an act. The man who should be *forced* by the power of another person, to commit what he knew was a crime,—for instance to strike a blow by manual compulsion,—would be certainly held blameless and irresponsible for his act, simply because he could not resist the motive power. But if that controlling power spring from internal disease, instead of external violence, how is the case altered as to his responsibility? Surely nowise. The only question is, is it really and truly an irresistible impulse? In Pate's case, Dr. Conolly swears it was, for he says,—"*He seems to have acted under some strange sudden impulse which he was quite unable to control.*" Then, on what principle is he punished? We have conferred with medical men before committing ourselves to the opinion

we are about to express, and we find that such sudden impulses (even where persons are quite aware the act they are driven to is wrong) are by no means rare, and that they are perfectly *uncontrollable*.

"We demur, therefore, wholly to the doctrine, that there is no better test of pleas of insanity, than whether the prisoner knew right from wrong. The real question is, could he restrain himself or not."

And again :

"There is no doubt but that the jury were influenced in their verdict by their loyal desire to ward off similar outrages from the person of the sovereign. But it can have no such effect. No sane person can possibly hope to escape for any similar offence, merely because an *in-sane* one was shut up in a mad-house instead of a prison for committing the act. No insane person can be deterred by such appeal to reason or dread for the very fact of their insanity prevents the punishment from having any such effect. Its deterring and salutary influence belongs only to cases in which the recipient is a responsible being, as well as guilty. Can any one in their conscience say that Mr. Pate was?"

THE LATE DR. BRIGHAM.

We are happy in copying the following extract from the "British and Foreign Medico-Chirurgical Review," of July, 1850.

After giving an analysis of the paper of Dr. Luther V. Bell, "*On a new form of Mental Disease*," and quoting it from the "American Journal of Insanity," the writer goes on to say,—

"We regret to find that the above publication, which has been of great service in aiding the advance of psychological science and medicine, is likely to be brought to a close by the death of Dr. Brigham, its founder, who carried it on at a great pecuniary sacrifice. The last two years have proved terribly fatal to leading men in our profession, on every side, (as Prichard, Key, Reid, in England, Blandin, and Prus, in France, Tommasini, in Italy, Walther, in Germany, and many others,) and the loss it has sustained in Dr. Amariah Brigham is not one of the slightest. Of delicate health, but enthusiastic temperament, and from a boy ardently desiring to enter the medical profession, by his untiring industry and love of learning, he was enabled, though commencing life in another and subordinate capacity, to do so, and to achieve great success in its pursuit. Of a highly benevolent turn of mind, he had of late years, exclusively and untiringly devoted himself to the laudable endeavor to render

the New York State Lunatic Asylum a model institution: and all who have perused the reports emanating hence must have become aware how powerfully he was co-operating with the leading minds of Europe, in improving the condition of the insane. He felt most acutely the loss of an only son, soon after which his health began to break up, and he died of dysentery, September, 1849, aged 51. To those of our readers who are not acquainted with his little tract on the "Influence of Mental Cultivation and Mental Excitement upon the Health," we can cordially recommend its perusal, as containing truths highly important to be borne in mind by those engaged in conducting, or advising upon, the education of the young."

ESTIMATE

of Lunatics in England and Wales, on Jan. 1, 1850.

[From Report of the Commissioners in Lunacy.]

1 In County Asylums, Hospitals, and Licensed Houses, } (3,149 private patients, and 9,652 paupers.) }	12,801
2 In Bethlehem, and in the Naval and Military Hospitals,	702
3 Paupers in Poor Law Unions, and places under local acts,	8,496
4 Paupers in Gilbert's Unions, and other places not in Union,	124
5 Also 307 of 542 single patients found lunatic by inquisitions, } (235 being in Licensed Houses.) }	416
6 Other single patients in private houses, under the charge } of persons receiving profits, }	194
7 The excess of pauper patients in Workhouses, &c., estimated by } the Visiting committee, as at least, one third over the num- } ber returned by the parish officers,	4,126
8 Criminals in Jails,	41
Total,	26,900

Reckoning 12,397 for England, 3,413 for the pauper lunatics in Scotland, with the private patients in each country, there are, at least, 40,000 persons afflicted with insanity.

Proportion of Lunatics in various countries to the population.

Scotland,	1 in 400	France,	1 in 1,000
Norway,	1 in 531	Rhenish Provinces,	1 in 1,000
England,	1 in 666	Netherlands,	1 in 1,052
Wales,	1 in 783	Italy,	1 in 3,785
United States,	1 in 979	Spain,	1 in 7,181

The mean of age of lunatics is about 35 to 40, and in cases of severe lunacy, the mortality is three times greater than among the general population at the same age.—*W. Farr.*

[The above are extracted from "Banfield and Weld's Statistical Companion for 1850," published in London. No. 5 is not very lucid, but is doubtless explained in the report itself.—*ED.*]

LUNATICS IN IRELAND.

According to a Parliamentary return, there are 329 governors of lunatic asylums in Ireland. There are 426 officers and servants belonging to the district lunatic asylums, whose annual pay amounts to £8881 17 9. In three years ending the 31st of October last, there were 674 urgent cases admitted. The total number of patients in the period was 7,320; the number of curable cases was 2,938, and of incurable, 4,382.—*Atlas, London newspaper*, July 13, 1850.

A MANUFACTURER IN DISTRESS.

We often find that men who have accumulated large fortunes from small beginnings, when they have passed the middle ages of life, imagine themselves in poverty. A singular case has lately occurred, for the truth of which we can vouch. A large manufacturer residing in the north of Yorkshire, called one day on the relieving officer of the district and asked relief. Appreciating instantly the state of mind in which the well-known applicant was, the officer replied, "Certainly, sir, call to-morrow and you shall have it." Satisfied, the applicant retired, and the officer hastened to the gentleman's son, stated the case, and expressed his opinion that the relief demanded should be given. "Give it," said the son, "and we will return you the money." Accordingly, this wealthy manufacturer next day received relief, and for many weeks applied regularly for his five shillings per week, until at last the hallucination vanished, and his mind was completely restored. It is possible that this little anecdote contains a valuable hint, as to the proper treatment of monomaniacs.—*English paper*.

OPENING OF THE BEAUPORT LUNATIC ASYLUM.

The new building erected for the Lunatic Asylum at Beaufort, near Quebec, having been completed during the past winter, was opened for the reception of patients in the beginning of May, when all were removed to this one from the old establishment.

This new building is of very large extent, and capable, we believe, of accommodating over three hundred patients, and although situated only a short distance from the old original establishment, cannot be compared to it for beauty

of position. In regard to accommodation and arrangement it is, however, vastly superior to the one just vacated, and in the building, every regard has been paid to the recommendations of those who are looked upon as authorities in these matters, from their experience acquired in the management of lunatic asylums, and all modern suggestions and improvements, in distribution, &c., have been adopted; and we have no doubt this asylum will be, from the character and standing of its members, a highly useful and well-conducted one.

The building forms an enormous block, and covers a large space of ground. It is well laid out, airy, and seems to be well ventilated. The rooms are lofty, and some very large, and the sleeping apartments comfortable and well proportioned; and there are also capital rooms intended for the accommodation of private patients. The building is to be heated by hot air, and is lighted throughout by gas made on the premises.—*British American Med. & Phys. Journal*, edited by Archibald Hall, M. D., August, 1850.

TREATMENT OF HOMICIDAL INSANITY IN THE REPUBLIC OF CHILI, IN SOUTH AMERICA.

A North American Captain of a merchant-man, having anchored his vessel in Valparaiso bay, went ashore, and was almost immediately taken very ill with a violent fever that flew to the brain. He was frequently bled; at length the delirium left him, and he was considered as having passed the crisis of the disease. However, one evening, when no one was with him, the delirium returned; he got out of bed, dressed himself, and armed with a long bowie knife, rushed out into the street, like a Malay "running a muck." He attacked every one he met, indiscriminately, killing two persons, and severely wounding a third; he was overpowered; the surgeon bled him again, and he fell into a long slumber, awaking from it a helpless idiot.

As soon as he could be removed, he was conveyed to prison; in a few days he was tried, and condemned to death. The American Consul being absent, the English did all in his power to get the sentence reversed, and all the English and American merchants used their influence for the same purpose. An appeal was made to the High Court at Santiago. The cause was again tried; plain evidence was

given by the surgeon who attended the unfortunate man, as also by several of his friends, that he was *raving mad* both before and after the event, and that he was at that moment an idiot.

Can it be believed, that the evidence was not allowed to be entertained, on the plea that not being Roman Catholics, the *witnesses were not to be believed*, and the execution was ordered to be carried into effect! Both the English and North Americans behaved very humanely on the occasion, keeping up fast horses on the road to carry a reprieve, and also soliciting both humanity and justice: but it was of no avail.

The poor man was taken down to the end of the pier at Valparaiso, *not at all aware for what purpose*. I did not witness the execution, but a friend, who did, told me that nothing could be more shocking than to see the poor helpless idiot taken along the pier sucking an orange, and with insane laughter pointing to the feathers in the soldiers' caps. They placed him on the banquetta, and although the whole population could judge of his state of mind, yet they shot him.—*Byam's Wanderings in some of the Western Republics of America*. London, 1850.

RECENT LEGAL ENACTMENTS IN OHIO, RELATIVE TO LUNATICS, IDIOTS AND THE OHIO LUNATIC ASYLUM.

[During the session of the Legislature of Ohio, held in 1849-50, a law on the above subject was passed, the contents of which we find in the September (1850) number of the "Western Law Journal," published at Cincinnati. We copy the leading provisions, and submit that some of the enactments are worthy of adoption in other States.]

A President and six other Directors of the Ohio Lunatic Asylum shall be elected, by the General Assembly, every six years, who shall appoint the principal officers of the Asylums, fix all salaries which are not fixed by law, prescribe regulations for its government, and exercise such control over its management, as they may deem proper. They shall meet annually, and make an annual report, accompanied with the reports made to them by the Superintendent and Treasurer. The Asylum shall be visited monthly by one of the directors, semi-annually by a major-

ity and annually by the whole board. None of the directors, except the President, shall receive compensation for his services. The State Treasurer shall be Treasurer of the Asylum.

The Superintendent shall be a skilful physician, shall attend to no business unconnected with the Asylum, and *shall not be subpoenaed, in any criminal trial except upon a special order of court.* He shall have the executive control of the institution, subject to the direction of the Board of Managers.

All persons, while employed in the Asylum, shall be exempt from serving on juries, from working on highways, and in time of peace, from serving on the militia.

When *pay patients* are admitted, an amount in advance and for their support while in the Asylum is required to be properly secured. There must also be a certificate from some respectable physician, setting forth the age of the patient, and a concise history of the case—its duration—whether it is hereditary—whether the patient has been subject to epilepsy—or has made any attempt to commit violence on himself or others, and the medical treatment pursued. Also, it must be stated, that the person is free from any infectious disease.

The process for the admission of *State Patients*, is directed to be as follows: Any citizen may file with a justice a statement that a person having a legal settlement in a county is insane, that he has been so less than two years, or that he is dangerous, and is in needy circumstances, and the justice, shall with some neighboring justice, visit the person alleged to be insane, and afterwards shall try the truth of the statement. At the trial, at least one witness shall be a respectable physician.

The certificate of the facts found on the trial shall be filed with the Clerk of the Common Pleas of the County, and the Clerk shall thereupon send a copy to the Superintendent, who shall advise whether the applicant can be admitted. *If the Justice do not find the person to be in needy circumstances, but the Clerk shall become satisfied that he is, the Clerk may send a certificate of the fact with the other certificates.* Every State patient sent to the Asylum, shall be provided with clothing specified in the statute, at the expense of the county. *The patient shall not be*

conveyed in company with criminals going to the Penitentiary, nor shall he be allowed to drink ardent spirits on the road.

Any person certified in manner above stated, to be a dangerous lunatic, and who shall not be entitled to admission into the Asylum, may be confined in the County Poor House, or Jail, at the expense of the county, if he be needy, and at his own, if not.

Any patient may be discharged by a director, upon application from the Superintendent. When the applications exceed the capacity of the Asylum, recent cases shall have preference over others in the same county; then favorable chronic cases: other things equal, those who have applied longest shall have the preference. No county shall have more than its just proportion, and no distinction to be made between State and pay patients.

A person confined as insane, may have the benefit of *habeas corpus*, to try the question of his insanity.

Guardians of Idiots and Lunatics.—The Court of Common Pleas of any county, may appoint a guardian for any idiot, or lunatic, having a settlement in the county, and this guardian shall also be guardian of his minor children, and in the disposition of his estate, shall have the power of an executor. A foreign guardian, over a foreign idiot, or lunatic, shall have similar powers, on filing an authenticated copy of his commission, and giving a sufficient bond with sureties, for the faithful performance of his duties. The guardianship shall terminate as soon as the Court of Common Pleas shall be satisfied that the Lunatic is restored to reason, or that the letters of guardianship were improperly granted.

Idiots or Lunatics in Jail, or under sentence as criminals.—If any person in prison, before indictment, shall be found by the Examining Court to have been an idiot, or lunatic, when he committed the offence with which he is charged; or if said prisoner, at any time before convicted, shall be found by said Court, to have become insane, after the commission of the offence, he shall be dealt with as if so found by two justices, in manner prescribed above.

In the last case, if the lunatic shall be discharged from the Asylum, the bond for his support shall be conditional

also for his appearance, to answer to a prosecution when restored to reason. If he shall be confined in the Asylum, or a Poor House, then, upon his restoration to reason, the Superintendent thereof, shall give notice to the prosecuting attorney, and retain the lunatic a reasonable time.

When a person, not in needy circumstances, shall be acquitted on the ground of insanity, and the Court shall be satisfied that his being at large is dangerous, he shall be taken care of, at his own expense, in the County Poor House, or Jail, or as the Clerk of the Court may otherwise direct. If the prisoner is in needy circumstances, he shall be dealt with as if he had been found insane by two justices, in manner prescribed above.

If he become insane after conviction, the Governor may pardon, or may commute or suspend the sentence. If the sentence be suspended, the convict shall be confined in the Asylum until restored to reason. Upon the expiration of the suspension, the sentence shall be executed, unless the Governor otherwise order.

When any other persons than those already described in this division, shall be confined in Jail, and shall be insane, they may be proceeded against by two justices, and sent to the Asylum, Poor House, or Jail, or discharged upon a bond given for their safe keeping and support.

Miscellaneous Provisions.—If any insane person should elope from the Asylum, the Sheriff of the proper county, upon being notified by the Superintendent, shall apprehend him and bring him back.

Before discharging any patient, the Superintendent may require a bond, with sufficient security, for the safe keeping of the patient.

No patient who has committed homicide, shall be discharged without the consent of the Superintendent, and the written dismissal of a majority of the Directors.

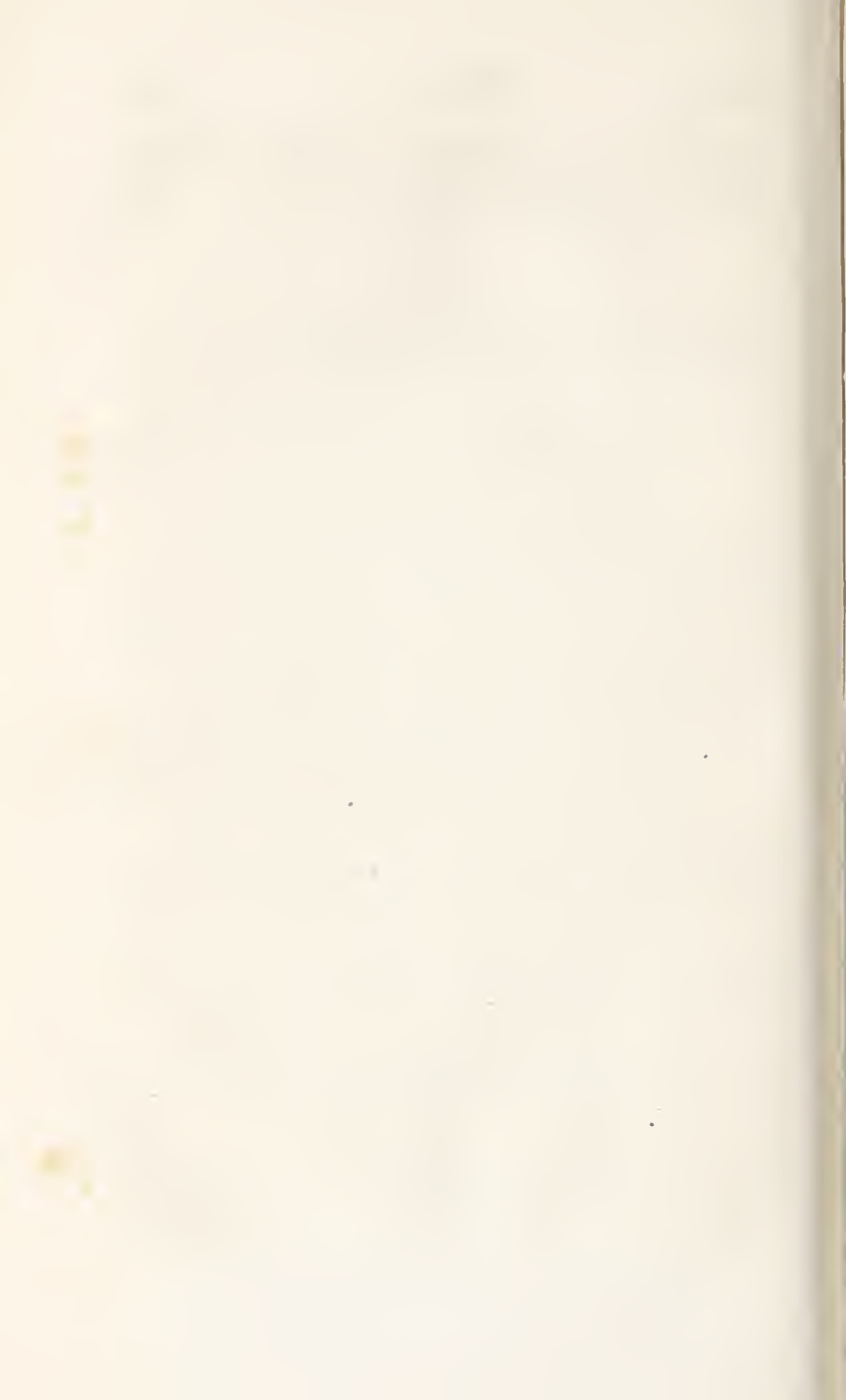
No person under charge for any offence punishable by confinement in the Penitentiary, shall be admitted into the Asylum, without an Inquisition of Lunacy, as above described.

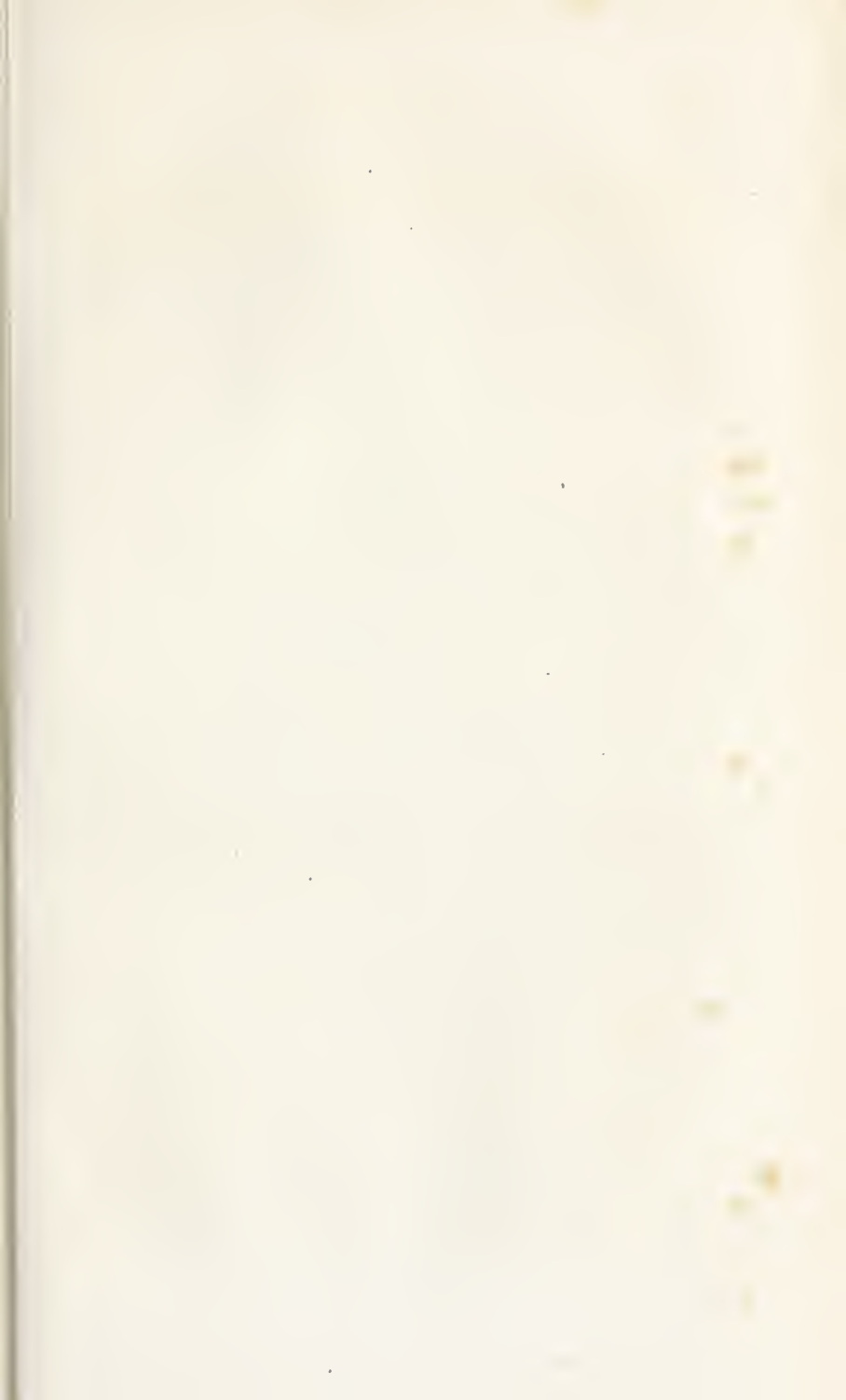
Actions for debts due the Asylum, may be maintained in the name of the "Superintendent of the Ohio Lunatic Asylum," and prosecuting attorneys shall attend to suits instituted in its behalf.

ERRATA.

Page 187, line 10, for "*improved*," read "*impaired*."

Page 198, line 6, for "*than it can afford*," read "*than has yet been afforded*."







AMERICAN JOURNAL OF INSANITY, FOR APRIL, 1851.

ARTICLE I.

ON THE MENTAL DISORDERS OF PREGNANCY
AND CHILDBED. BY FLEETWOOD CHURCHILL,
M. D., M. R. I. A., *Hon. Fellow of King and Queen's
College of Physicians, &c. &c.**

It is very natural that with a known or unknown amount of suffering before them, and with a certain but unknown degree of danger connected with the termination of pregnancy, women should occasionally at least be subject to depression of spirits, and should take a gloomy view of their prospects. With the majority this state of mind is only occasional, or is dissipated as gestation advances, but it is not always so; with some it increases, and they constantly and steadily anticipate evil, and are either deeply distressed or apathetically despairing.

As Dr. Montgomery has observed, this state of mind is often accompanied, or perhaps caused, by bodily derangement: the stomach and bowels are out of order, the patient complains of headache and nausea, with a foul tongue, quick pulse, and a bilious tinge of the skin. Proper treatment will generally relieve both the bodily disorder and mental depression in these cases. "Sometimes this

* Concluded from our last.

state appears to depend upon some peculiar condition of the brain, the nature of which we probably cannot appreciate, and which our treatment will but too often fail to correct: in one strongly marked instance of this kind, which was some time ago under my care, the lady became maniacal, on the fifth day after delivery, and continued deranged for many months.”*

A similar case is related by Dr. Haslam.†

Some years ago I attended a lady in her first confinement, who had nursed a relative who died of hemorrhage during labour. This made a deep and fearful impression upon her mind, and from the moment she found herself pregnant, she had settled that she should die of hemorrhage during her labour; she had reconciled her mind to it; dismissed all doubts, and I may say fear also; and, regarding it as certain, she arranged all her affairs and her household, so as to give her husband as little trouble in his affliction as possible, and when labour commenced she watched every pain for the final issue. The labour terminated favourably, but, before this consummation, her fears had completely overmastered her reason, and she became delirious for about an hour, after which she recovered.

But these inequalities of temper, and temporary depressions of spirits, are but a step towards more serious mental derangement. In more susceptible females the mind is occasionally completely thrown off its balance, and the patient becomes partially or wholly insane.

Esquirol mentions the case of a young woman of a sensitive habit who had an attack of madness in two successive pregnancies, commencing immediately after conception and lasting fifteen days. Several women at La Salpêtrière were there for insanity connected with pregnancy.

* Montgomery, *Signs of Pregnancy*, p 20. † *On Insanity*, p. 235.

Dr. Montgomery states that he knew a lady who was attacked with insanity in eight successive pregnancies, and another who was similarly affected three times soon after conception, and remained so until within a short time of her labour, when she became sane, and remained so until her next pregnancy.*

On the other hand, pregnancy occasionally relieves mental derangement. Goubelly gives a remarkable case of a lady who was of sound mind only during gestation ; and the well known case of Mrs. Durant was one of this kind. I lately saw a case of confirmed melancholia in a lady which disappeared entirely on her becoming pregnant.

Generally speaking, these attacks came on gradually, continue for a time, and disappear before or after delivery, without any peculiar danger either from the malady or from the want of rational self-control on the part of the patient. It is not always so, however. Not very long ago a very distressing instance to the contrary occurred. A lady, pregnant, but in perfect health, was employed in some household duty, and was talking cheerfully to her husband and sister ; suddenly, and without any particular reason, she left them and went to her bed-room and instantly destroyed herself. This must have been a sudden attack of insanity, for up to the moment she was cheerful and happy, in good circumstances, and greatly attached to her husband ; but other members of her family had been subject to insanity.

In pregnant woman there is occasionally a special but very melancholy cause of mental derangement, in addition to the physical condition common to all. I allude to some absorbing mental distress, such, for instance, as a profligate or cruel husband, or, more effective still, an

* Signs of Pregnancy, p. 21.

accusing conscience. I may say with Dr. Montgomery, "how deplorable must be the condition of mind in a woman, who, led astray by the profligate from virtue's paths of pleasantness and peace, and then abandoned, is compelled to consider her pregnancy a curse instead of a blessing, and has, in addition to the ordinary troubles of that state, to bear up against the agony of disappointed hopes, of affections misplaced and cruelly abused, to endure the present scorn of society, and the apprehensions of a still increasing shame, for which she is to find no 'sweet oblivious antidote' of power 'to pluck from the memory a rooted sorrow,' or, 'raze out the written troubles of the brain!'"* How often has such a state of mind been followed by convulsions, or, ending in insanity,† has armed with the weapon of suicide the once gentle hand of her who, to use the words of William Hunter, "might have been an affectionate and faithful wife, a virtuous and honored mother through a long and happy life; and, probably, that very reflection raised the last pang of despair which hurried her into eternity."

According to Esquirol, the moral causes of insanity, in pregnant and puerperal women, are to the physical as 4 to 1; and of ninety-two cases reported by him, twenty-nine were unmarried women.

Again, it has been remarked by most writers, that women affected with any degree of mental derangement during pregnancy are more disposed than others to puerperal mania. But the serious character of these attacks is even deepened by the fact, abundantly established, that the evil is not limited to the mother. Not only may organic diseases of the body be transmitted to the infant, but a predisposition to insanity, thus multiplying the distress in a most alarming ratio.

* Signs of Pregnancy, p. 22.

† Lever, in Guy's Hospital Reports, vol. v., p. 23, second series.

I need not say that we have no means of minutely explaining the causes of these attacks ; we may say, with Dr. Prichard, that “ if we consider the frequent changes or disturbances occurring in the balance of the circulation from the varying and quickly succeeding processes which are carried on in the system during and soon after the periods of pregnancy and childbirth, we shall be at no loss to discover the circumstances under which a susceptible constitution is likely to suffer. The conversion or successive changes in the temporary local determinations of blood which the constitution, under such circumstances, sustains and requires, appear sufficiently to account for the morbid susceptibility of the brain.”*

But let us now inquire what practical inferences we can draw from the sketch I have here given :

1. We have seen that the mental disturbance may exist in various degrees, from mere caprice or obliquity of temper up to actual insanity, and that the various shades are separated by no very defined line, but run into one another even in the same case. These caprices and melancholy anticipations are not to be treated with ridicule or indifference, still less are variations in temper, however unpleasant, to be met with a similar spirit of irritability ; but the patient should be treated with a mixture of reasoning and patient kindness, soothed, and cheered, and strengthened. Nor should higher considerations be omitted[†]; the forebodings of evil and the depression arising from fear are best relieved by a reference to the wisdom and fatherly kindness of Him “ in whose hand are the issues of life.”

2. This soothing and encouraging kindness is nearly all that we can do in those cases where there is no tangible bodily illness ; but where there is any degree of feverish-

* On Insanity, p. 312.

ness or headache, immediate attention should be paid to the state of the digestive system and the bowels. It is possible that it may be necessary to abstract a little blood, but such cases are rare.

3. With patients suffering even slightly, in the way I have described, great care should be taken to avoid sudden or powerful mental emotion; all frightful or depressing stories should be prohibited, and all tragic representations, &c. Dr. Montgomery has recorded instances in which mischief was done in this way. The evil may be felt by the offspring even if the mother escape. Premature birth, death, or imbecility of the child, may be the result of fright to the mother.

4. Dr. Burrowes observes, that insanity during pregnancy is occasionally owing to adventitious causes, such as the suppression of cutaneous eruptions, discharges and drains of different kinds. In such cases he advises us to use the means most likely to reproduce them.

Great watchfulness must be employed in all such cases, lest the patient should attempt to injure herself, but we must take care that our object is concealed from her.

The next modification of mental disturbance which I shall notice occurs during labour, and had been described by no author until Dr. Montgomery published his paper in this Journal in the year 1834.* Dr. Burrowes mentions "a temporary delirium often accompanying difficult labours," but that is all he says of the affection, and no allusion is made to it by any previous author.

The delirium in question is very temporary, lasting but a few minutes in some cases, half an hour in others. "It comes on suddenly during perfectly natural and favourable labour," about the time when the dilatation of the os uteri is at its maximum, and the suffering the most severe-

* First series, vol. v., p. 52.

"It is not accompanied by any other unpleasant or suspicious symptom, occurring perhaps immediately after the patient has been talking cheerfully, and, having lasted a few minutes, disappears, leaving her perfectly collected, and returns no more, even though the subsequent part of the labour should be slower and more painful. In every instance which came under my observation, the patients were afterwards conscious that they had been wandering, and occasionally apologised for anything they might have said, although they were not aware of what the exact nature of their observations might have been."

I have seen several cases of this kind, and, with one exception, they corresponded very accurately with this description of Dr. Montgomery's. In one case the delirium, which occurred first during the dilatation of the os uteri, returned as the head was passing through the os externum; and this patient informed me that she was conscious of talking nonsense, and had in vain endeavored to resist it. Dr. Montgomery attributes this momentary incoherence to the suffering attendant upon the forcible distension and dilatation of the cervix, and there can be no doubt, I think, that this is the true explanation.

I shall now proceed to the consideration of *puerperal mania*, or that form of insanity which occurs in childbed soon after delivery, or at the commencement of suckling.

It is a very distressing malady in itself, but doubly so from occurring at a moment ordinarily so joyful; and yet we cannot be surprised at the susceptibility manifested at this particular time, when we remember that "the sexual system in women is a set of organs which are in action only during half the natural life of the individual, and even during this half they are in action only at intervals. During these intervals of action they diffuse an unusual excitement throughout the nervous system: wit-

ness the hysteric affections of puberty, the nervous susceptibility which occurs during every menstrual period, the nervous affections of breeding, and the nervous susceptibility of lying-in women.”*

Attacks of puerperal insanity are not infrequent. Esquirol states that of 600 women in La Salpêtrière, fifty-two were of this kind; and of 1119 cases admitted in four years, ninety-two were cases of puerperal mania.—He found it even more frequent in proportion among the higher ranks, for out of 144 cases of mental derangement in females of opulent families, the attack came on during childbed or lactation in twenty-one.

Dr. Haslam states, that of 1644 females in Bethlem Hospital, eighty-four were cases of this kind; and Dr. Rush mentions five cases in seventy at the Philadelphia Lunatic Asylum.

The attack may, in some few cases, be a continuance or a further development of the nervous affections of pregnancy; the nearer the approach to mental derangement during this period, the greater the probability of an attack after delivery.

There are two periods, however, at which patients seem especially obnoxious to it:—1st, immediately after delivery, to which the term *paraphrosyne puerperarum* has been given; and 2ndly, about the fourth or fifth day, when the full secretion of milk is established, and then it has been termed *mania lactea*. Dr. Burrowes adds a third period, about the fourteenth or fifteenth day, and he then attributes it to the effect of cold in checking the secretion of the milk.

I find that of Esquirol's cases sixteen became delirious from the first to the fourth day; twenty-one from the first to the fifteenth day; seventeen from the sixteenth to the

* Gooch on the more important Diseases of Women, &c., p. 127.

sixtieth day ; nineteen from the sixtieth day to the twelfth month ; and nineteen after forced or voluntary weaning.

Of Dr. Burrows' cases, in thirty-three the access was before the fourteenth day ; in eleven, after the fourteenth and before the twenty-eighth day.

The premonitory symptoms vary a good deal. In one sense hereditary predisposition, or the nervous affections of gestation are premonitory, but in most cases we shall generally find, previously to an attack, a degree of exhaustion, conjoined with great excitability, headache, and want of sleep : or the attack may accompany or follow convulsions, as I have seen in more than one case. Dr. Haslam remarks : " The first symptoms of the approach of this disease after delivery are, want of sleep, the countenance becomes flushed, a constrictive pain is often felt in the head, the eyes assume a morbid lustre, and wildly glance at objects in rapid succession ; the milk is afterwards secreted in less quantity, and when the mind becomes more violently disordered it is totally suppressed."

Writers speak of various species of puerperal insanity, principally of two, however,—those cases in which the form is melancholia or mania, and those in which phrenitis or inflammation of the membranes of the brain exists ; the former is the true puerperal mania, and may be distinguished into two varieties,—those where fever is present, and those in which it is absent.

" Mania," says Dr. William Hunter, " is not an uncommon appearance in the course of the month, but of that species from which they generally recover. *When out of their senses, attended with fever, like paraphrenitis, they will, in all probability, die ;* but when without fever, it is not fatal, though it (i. e. the fever) generally takes place before they get well. I have had several private patients, and have been called in where a great number of stimu-

lating medicines and blisters have been administered ; but they have gone on at another time talking nonsense until the disease has gone off and they have become sensible. It is a species of madness they generally recover from, but I know of nothing of any singular service in it." "Putting together," says Dr. Gooch, "this statement of Dr. Hunter with my own experience, I extract from it the following meaning : that there are two forms of puerperal mania, the one attended by fever, or at least, the most important part of it—a rapid pulse ; the other accompanied by a very moderate disturbance of the circulation ; that the latter cases, which are by far the most numerous, recover ; that the former generally die. This agrees closely with my own experience."

Dr. Burrows states that he has not seen any case attended with fever, "except when coincident with the first secretion of the milk, or where inflammation of the breasts or other parts has occurred, or upon forced weaning, where there has been abundance of milk." But this is far from being generally true. I saw two cases last year in which mania occurred before the secretion of milk, and yet the pulse was very quick, and the skin hot, with thirst, loaded tongue, &c.

In the one variety we find the attack preceded by wakefulness, excitability, headache, and after a while the mind is evidently astray ; the patient may be joyous or melancholy, singing and talking incessantly, or obstinately silent, suspicious of every one, fancying injuries and offences on the part of her husband or friends, and forgetful of her child.

The heat of the body may be slightly increased, that of the head is generally so, with a partial pain and a sense of pressure or tightness, throbbing in the temples, and noises in the ears. The skin is generally relaxed

and moist, but discolored ; the face pale, the tongue whitish and loaded ; the abdomen soft, and usually free from tenderness ; the pulse weak and quiet ; there is little, if any, sleep, and but little thirst ; the bowels are torpid, and the stools unhealthy, often offensive.

In other cases we find the skin hotter, the pulse quick and small, the face often pale, sometimes flushed, the eyes red and vivid, and a delirium more resembling that of fever, with a brownish, dry tongue, and sordes about the teeth.

Dr. Burrows has described an attack of puerperal mania, somewhat different from the above, and resembling them. " In every instance, this variety has come on before the fourteenth day from delivery ; it is preceded by pervigilium ; the ideas are at first rapid and confused ; images like of those of dreams appear, and the delirium is soon confirmed by these illusions being considered as realities, and the speech and actions corresponding with these impressions. These muscular powers are rarely violently exerted, though the patient frequently attempting out of bed, without any fixed object ; on the contrary, she generally lies supine ; the countenance is rather vacant ; the eyes are half-closed, or fixed on vacuity, and, when roused, follow some imaginary object ; the tunica conjunctiva is often highly injected, and the pupils very little sensible to light ; the head is hot ; the skin soft and relaxed, and partial sweating about the throat and neck. She continually mutters incoherently ; loses consciousness, except when suddenly or strongly urged ; if spoken to, answers shortly, and perhaps rationally, but lapses directly into the former state of indifference ; the pulse is quick and uncertain ; bowels generally easily moved ; lochia and secretion of milk suspended. About the fourth or fifth day the debility is greater ; there is more

coma ; the pulse is quicker, smaller, and more unequal, with slight subsultus ; picking at surrounding objects, or the bed-clothes ; averse from food or drink ; insensible of evacuations ; the tongue throughout presents nearly a natural appearance, though sometimes tremulous when protruded. It is usually fatal by the seventh or eighth day ; and if the patient survive, chronic insanity commonly supervenes, and melancholia oftener than mania.”*

That active inflammation of the brain or its membranes may occur during childbed is beyond question ; but as it is very rare, and does not strictly belong to the question of puerperal mania, I shall not at present enter upon its consideration.

Thus, then, we may have an attack of mania supervening upon delivery, or occurring about the fourth or fourteenth day, with or without precursory symptoms ; in two varieties the main distinction appears to be in the pulse, in one it is quick, in the other natural ; the third variety resembles low fever. There are seldom any signs to indicate disease of the uterus, at the time, except that in all, the lochia and milk are diminished or suppressed.—In all the varieties the stomach and bowels are much disordered. The character of the mania is not in any way peculiar to childbed.

The progress, duration, and termination of the attack varies a good deal in different patients. Dr. Burrows observes, that sometimes the slighter attacks which occur immediately after delivery will disappear under the operation of a smart purgative and an opiate.

Of the ninety-two cases given by Esquirol fifty-five recovered : four recovered in the first month, seven in the second, six in the third, seven in the fourth, five in the

* *Commentaries on Insanity*, p. 371.

fifth, nine in the sixth, fifteen between the sixth and twenty-fourth, two after two years. Of these thirty-eight recovered in the first six months. Of thirty-seven cases given by Dr. Burrows thirty-five recovered; nine recovered in the first month, five recovered in the second, five in the third, three in the fourth, two in the fifth, four in the sixth, one in the seventh, two in the eighth, one in the ninth, one in the twelfth, one in the fourteenth; and one in the twenty-fourth month. That is, twenty-eight recovered in the first six months. Of eighty-six cases by Dr. Haslam fifty recovered.

But it may continue much longer; of the cases described by Esquirol six died: one six months after delivery, one in a year, two after eighteen months, one in three years, and one in five. In Dr. Burrows' table it is stated one recovered after two years, one after three years, two after four years, one after six, and one after seven years; but he states that he never met with one permanently fatuous from puerperal insanity.

Of Esquirol's ninety-two cases, six died, or one in fifteen. Of Dr. Haslam's eighty cases, fifty recovered. Of Dr. Burrows' fifty-seven cases, ten died, or one in six: "Seven within twelve days of the access of delirium, two within seven weeks, and one after four months. Two of them had active uterine disease, and two others died of relapses after they had recovered from puerperal mania."

Thus we find that the number of cases that recover is very considerable: out of 229, 140 recovered, or more than one-half. Of ninety of those who recovered, sixty-six were cured within six months, and the remainder at irregular intervals up to two years. Some we find continued insane much longer, remaining so for four, five, six, and seven years.

But, on the other hand, a large proportion of deaths has sometimes occurred : one in fifteen at La Salpêtrière, and one in six among Dr. Burrows' cases.

I do not think, however, that any statistics from a lunatic asylum can be taken as a correct standard of the mortality in puerperal mania, for patients are not sent there until the disease is more or less chronic ; now a great number of those who recover do so within a short time after confinement, as in two cases I witnessed lately, both of which recovered from the delirium within ten days. Among the better classes a patient would not be placed in an asylum until she had recovered from her confinement, and until the ordinary treatment had failed, On the other hand, death occurs in many cases within the month after childbed. "Mania," says Dr. Gooch, "after delivery, is more dangerous to life than melancholia beginning several months afterwards."

Dr. Gooch states that none of his patients with a slow or moderately excited pulse died, whereas in the fatal cases the pulse was very rapid, though some with a rapid pulse recovered. In the two cases I have referred to the pulse was very rapid, yet both recovered.

"Nights passed in sleep, a pulse slower and firmer, even though the mind continued disordered, promise safety to life. On the contrary, incessant sleeplessness, a quick, weak, fluttering pulse, and all the symptoms of increasing exhaustion, portend a fatal termination, even though the condition of mind may be apparently improved. In the cases which I have seen terminate fatally the patient has died with symptoms of exhaustion, not with those of oppressed brain, excepting only one case.*"

I shall now consider the *causes* of this distressing malady. There seems little doubt that in many cases (Dr.

* Gooch on the Diseases of Woman, p. 124.

Burrows says in half the number, or possibly more, and Dr. Gooch bears the same testimony) the predisposition is hereditary, and of course mental deviations during gestation render an attack of puerperal mania extremely probable. Sleeplessness, which so fearfully increases nervous irritability, seems a very general predisposing cause.

Among the exciting causes we find cold, irritation, irregularities of diet, distress of mind, sudden mental shocks, frights, disordered bowels, excessive secretion of milk, and constitutional irritation thence arising, &c.; or the attack may form a part of or follow convulsions, as in a case which came under my care not long since.

Great stress is laid upon moral causes by the French writers. Esquirol, as I have before mentioned, states their frequency, compared with the physical, as four to one; and Georget mentions that out of seventeen cases there were but two not proceeding from a direct moral cause. During the invasion of France in 1814-15, eleven out of fourteen cases were from terror. British writers do not attribute so large an influence to this cause.

As to the *proximate cause or pathology* it is not very easy to speak positively. I may allude to four different views on the subject: 1. From its occurring, in many cases immediately after delivery, some have attributed it to disease of the uterine system. Falret mentions a case of cancer which excited mania. Dr. Briere has related a case of mania from inflammation of the womb. Dr. Cooke discovered disease of the womb in two cases of puerperal mania. Dr. Burrows mentions having seen abortion and mania, the result of inflammation of the womb, in two cases in which he was consulted; one died and the other recovered; and in two of the deaths in his table there was disease of the uterus, but, whether it pre-

ceded the mania or not does not appear. In one of the species of puerperal mania, described by Dr. Burns, he says, "the delirium is connected with the state of the uterus, particularly of the veins which are inflamed." *

At a meeting of the Obstetrical Society of Dublin, Dr. Montgomery mentioned a case of puerperal mania in which the uterus and ovaries were found in a state of inflammation; and Dr. Hardy another, in which peritonitis existed, but was not suspected till after death. I have certainly seen uterine inflammation follow puerperal mania, but that it existed previously I cannot say: the usual symptoms were absent.

Still these cases, which are all I have been able to make out, form so very small a proportion to the cases in which there has been no disease of the womb, that without denying the condition of the uterine system is in some way connected with puerperal mania, it is clear we cannot attribute it solely to organic disease of that organ.

2. Other writers regard the disease as inflammation of the brain or its membranes. Now it is granted, of course, that such cases do occur, but they are rare; and it is contended that, in ordinary cases puerperal mania does not arise from inflammation, and the results of *post mortem* examination are in favour of the latter opinion. Burns, Campbell, Davis, Lee, and others, speak of it as a modification of phrenitis; Burrows, Prichard, Gooch, &c., as not being inflammatory. The latter distinguished observer thus gives the result of his experience: "In No. 1, the disease occurred in a pale lady, without any heat of skin, or much quickness of pulse, and was not relieved by loss of blood. In No. 3, it occurred in one whose constitution was drained and enfeebled by nursing. In No. 4, it occurred in a pale woman, habitually hysterical, subject

* Midwifery, p. 619.

to bear dead children, from want of power to afford them life for nine months. In No. 5, it occurred in one in whom, for urgent reasons, the circulation had been reduced to the lowest ebb consistent with life. In No. 7, in one who had been living very low for a week, with such marked symptoms of the irritation of debility that, at first sight, I thought it was the close of some disease that had been overlooked. It was speedily relieved, not by cupping and purging, but by the tranquilizing and sustaining power of opium. In No. 8, the disease was treated, though with all possible prudence and moderation, as an inflammatory state of the brain, by leeches, cupping, purging, and low diet; yet the patient died, not with symptoms of oppressed brain, but with those of exhaustion; and, on examining the body, the whole venous system was found extraordinarily empty of blood. In No. 10, the patient fell as if shot, under the stroke of the lancet; and, on examining the head, there was found no effusion, and empty blood-vessels. In No. 11, the disease came on after puerperal convulsions (a disease generally, but not always, depending on cerebral congestion,) and after one of those enormous bleedings commonly practised in these cases, and no morbid appearances were discovered, after death, in the brain. These cases, if fair specimens of puerperal insanity, lead straight to the conclusion that the disease is not one of congestion or inflammation, but one of excitement without power.”*

Add to this, that Esquirol found no traces of cerebral inflammation upon most careful examination.

3. Dr. Marshall Hall believes that the disease “results, in general, from all the circumstances following parturition combined, but chiefly from the united influences of intestinal irritation and loss of blood.” “I am persua-

* On Diseases of Women, p. 144.

ded," he adds, "that real puerperal phrenitis is comparatively a rare disease, that puerperal mania is seldom of an inflammatory character, and that it is especially to be treated by those measures which are suited to the mixed case of intestinal irritation and exhaustion."* That many cases occur in patients exhausted from some cause, the extract I have give from Dr. Gooch will prove, and that the stomach and bowels are disordered in most cases is recorded by almost all writers, so that we cannot deny that Dr. M. Hall's view has much to support it. Nevertheless it does not seem to express the whole truth, nor is the want easily supplied with any degree of precision.

4. The explanation of Dr. Gooch, which I have already quoted as to the peculiar nervous susceptibility induced by the organic changes consequent on impregnation and child-bearing, although I believe it to be correct, is necessarily vague; nor is the view of Dr. Ferrier more accurate. He says: "I am inclined to consider puerperal mania as a case of conversion. During gestation and after delivery, when the milk begins to flow, the balance of the circulation is so greatly disturbed as to be liable to much disorder from the application of any exciting cause. If, therefore, cold affecting the head, violent noises, want of sleep, or uneasy thoughts, distress a puerperal patient before the determination of blood to the breasts is regularly made, the impetus may be converted to the head, and produce either hysteria or insanity, according to its force or the exciting cause."

Perhaps it is best simply to enumerate shortly the elements which may concur to produce the attack. We have the nervous shock varying in degree, but always increasing the nervous irritability, the great vascular change, the disturbance of respiration and circulation,

* On Diseases of Females, p. 251.

the exhaustion, and in many cases the loss of blood; this combination must necessarily leave the nervous system in a favourable state for the operation of the exciting causes I have enumerated, and the result is mania.

The treatment of puerperal mania is very simple as regards the materials, yet requiring calmness and judgment in their application.

1. Those who regard it as any modification of phrenitis, of course recommend blood-letting, with more or less liberality. Now, from what I have said as to the nature of the disease, it will be clear that for these cases it is inadmissible, or, if ever used, it must be with extraordinary caution, and by means of leeches, in cases where there is strength and quickness of pulse, and flushing of the head and face. I have, however, never found it advisable; and Esquirol, Haslam, Gooch, Burrows, and Pritchard, are all opposed to it. The last-named author remarks: "If we consider that the greatest danger to be apprehended for patients labouring under puerperal madness arises from a state of extreme exhaustion, that many women die from this cause within a short interval from the commencement of the disease, and that, if they survive this period, the healthy state of the mind is in most instances restored, it will be evident that our chief endeavours must be directed to the present support of life." "Blood-letting, as a general remedy for puerperal madness, is condemned by all practical writers, on whose judgment much reliance ought to be placed." *

2. When the stomach is overloaded, when indigestible food has been taken, or even for the purpose of lowering the pulse by the shock of vomiting, emetics have been found useful. They must, however, be used with caution when the face is pale, the skin cold, and the pulse quick

* On Insanity, p. 313.

and weak. Dr. Gooch prefers ipecacuanha to antimonials. Dr. Burrows recommends nauseating doses of tartar emetic, with the saline mixture and digitalis, for the purpose of reducing the violence and fury of the patient ; and Dr. Beatty informs me that he has derived great advantage from tartar emetic.

3. From the almost universally disordered state of the bowels, great relief is afforded by one or two brisk purgatives of calomel, followed by castor oil or Gregory's Powder. The stools are dark-coloured, and highly offensive ; and in addition to the advantage of clearing out the bowels, purgatives act admirably as derivatives from the head.

4. After the bowels have been freed, the greatest benefit will be derived from narcotics. Denman prefers small and repeated doses of opiates, but Gooch, Burrows, and Prichard recommend full doses, and with this I concur ; ten grains of Dover's Powder, twelve drops of black drop, or an equivalent of the other preparations of opium. If opium disagrees, hyoscyamus may be given ; and should sleep be induced, repeated small doses may be administered ; when the head is very hot, and face flushed, we should postpone the exhibition of opium, and we must guard against constipation.

5. The head may be shaved, and a cold lotion applied ; if the delirium continue, a blister may be applied, but it is not generally necessary.

6. In protracted cases, or when the patient is exhausted, nourishing diet, broths, &c., and even tonics, must be allowed ; ammonia, with cinchona ; oil of turpentine, &c.

7. As uterine inflammation not uncommonly arises in the course of, or follows puerperal mania, a close watch should be kept for the earliest symptoms, and if they appear, calomel in small and repeated doses, or mercurial

inunction, should be added to the other remedies, with such other local applications as may be deemed advisable.

8. It will be necessary to keep the most careful watch upon the patient; the nurse, who ought, if possible, to be one familiar with such attacks, should never leave the room; friends ought to be absolutely refused admission; the apartment kept slightly darkened, and the entire house perfectly quiet.

9. When the mania disappears and the patient is convalescent, a change of air and scene is most advisable.

ARTICLE II.

REVIEW OF THE TRIALS OF OXFORD AND McNAUGHTEN, WITH AN ACCOUNT OF THEIR PRESENT CONDITION.

It is but seldom that we are enabled to trace the history of a person declared insane by a jury, beyond the day of trial. Now and then, an occasional visitor at the place of confinement may afford us a few glimpses of his appearance or his conduct; but a narrative is rarely furnished, so as to permit us to question or to confirm the decision of the law.

We extract, principally for this reason, the following article from *Blackwood's Magazine*, of November last.

It is said to be written by SAMUEL WARREN, Esq., author of a work on "Law Studies," but still better known as the author of the "Diary of a late Physician," "Ten Thousand a Year," and other popular novels. We need scarcely refer to the flippancy of its tone concerning medical witnesses, or remind our readers that the legal profession is equally open to every charge or inuendo here preferred against the other.—*Ed.*

OXFORD'S CASE.

The judges who presided at the trial—which took place at the Old Bailey, and lasted three days (the 9th, 10th, and 11th July, 1840)—were Lord Denman, Baron Alderson, and Justice Maule. The counsel for the crown were the Attorney and Solicitor Generals (Sir John Campbell and Sir Thomas Wilde,) Sir Frederick Pollock, the present Mr. Justice Wightman, Mr. Adolphus, and Mr. Gurney; those for the prisoner were the late Mr. Sydney Taylor and Mr. Bodkin. The indictment contained two counts—respectively applicable, in precisely the same terms, to the two acts of firing—charging that Oxford, "as a false traitor, maliciously and traitorously did compass, imagine, and intend to put our lady the Queen to death; and, to fulfil and bring into effect his treason and treasonable compassing, did shoot off and discharge a certain pistol loaded with gunpowder and a bullet, and thereby *made a direct attempt against the life of our said lady the Queen,*"—in the words of statute 39 and 40 Geo. III., c. 93, § 1. The trial, as already observed, differed in no respect from an ordinary trial for felony; and neither the Crown nor the prisoner challenged a single juryman.—"Oxford," says Mr. Townsend, "stepped into the dock with a jaunty air, and a flickering smile on his counten-

ance ; glanced at the galleries, as if to ascertain whether he had a large concourse of spectators ; and, leaning with his elbow on the ledge of the dock, commenced playing with the herbs* which were placed there before him. He kept his gaze earnestly fixed on the Attorney-general during the whole of his address, twirling the rue about in his fingers, and became more subdued in manner towards the close of the speech." The facts constituting the outrage lie in a nutshell : The prisoner was seized instantly after having discharged two pistols, as the Queen and the Prince-consort were driving up Constitution Hill, in a low open carriage. He had been observed, for some time before the approach of the royal carriage, walking backwards and forwards with his arms folded under his breast. As the carriage approached, he turned round, nodded, drew a pistol from his breast, and discharged it at the carriage, when it was nearly opposite to him. As it advanced, after looking round to see if he were observed, he took out a second pistol, directed it across the other to her Majesty, who, seeing it, stooped down ; and he fired a second time—very deliberately—at only about six or seven yards' distance. The witnesses spoke to hearing distinctly a sharp whizzing sound " close past their own ears." The prisoner, on seeing the person who had snatched from him the pistols mistaken for the person who had fired, said, " It was me—I did it. I give myself up—I will go quietly." At the police-office he said, " Is the Queen hurt ? " Some one observed, " I wonder whether there was any ball in the pistol ; " on which the prisoner said, " If the ball had come in contact

* At the Old Bailey, *rue* is placed plentifully on the ledge of the dock : whether in capital cases only, we do not know. The monster Maria Manning furiously gathered the rue that lay before her, and flung it amongst the counsel sitting at the table beneath her !

† Townsend's " Modern State Trials," vol. i, p. 113.

with your head, if it were between the carriage, you would have known it." The witness who spoke to these words appears, however, to have somewhat hesitated when pressed in cross-examination; but he finally adhered to his statement that the prisoner declared there were balls in the pistols. A few days previously he had purchased the pistols for two sovereigns, about fifty percussion caps, a powder-flask, which, with a bullet mould and five bullets fitting the pistols, were found at his lodgings. He had also been practising firing at a target, and, on purchasing the pistols, particularly asked how far they could carry.

The Earl of Uxbridge deposed that, when he saw Oxford in his cell, he asked, "Is the Queen hurt?" on which Lord Uxbridge said, "How dare you ask such a question?" Oxford then stated that "he had been shooting a great deal lately—he was a very good shot with a pistol, but a better shot with a rifle." "You have now fulfilled your engagement," said the Earl. "No," replied Oxford, "I have not." "You have, sir," rejoined Lord Uxbridge, "as far as the attempt goes." To that he was silent.

The most rigid search was made to discover any bullets; but in vain. Two witnesses, gentlemen of rank, and well acquainted with the use of fire-arms, spoke confidently to having seen bullet-marks on the wall, in the direction in which Oxford had fired; but the Attorney-General expressed his opinion that the evidence was entitled to no weight, as probably mistaken; declaring himself, however, positive that there must have been balls in the pistols, but that the pistols had been elevated so high that the balls went over the garden-wall. One of the witnesses said to the other, immediately after seizing Oxford, "Look out—I dare say he has some

friends : " to which he replied, " You are right—I have." At his lodgings were found some curious papers, in Oxford's handwriting, purporting to be the rules of a secret club or society called Young England ; the first of which was, " that every member shall be provided with a brace of pistols, a sword, a rifle, and a dagger—the two latter to be kept at the committee-room." A list of members—*fictitives* [sic] names were given. " Marks of distinction : Council, a large white cockade ; President, a black bow ; General, three red bows ; Captain, *two red bows* ; Lieutenant, one red bow." There were also found in Oxford's trunk a sword and scabbard, and a black crape with *two red bows*—one of the " rules" requiring every member to be armed with a brace of loaded pistols, and to be provided with a black crape cap to cover his face, with his marks of distinction outside. Three letters were also found in his pocket-book, addressed to himself at three different residences, purporting to be signed by A. W. Smith, *secretary*, and to contain statements of what had taken place, or was to take place, at the secret meetings of the society. They were all headed " Young England," and dated respectively " 16th May, 1839," " 14th. Nov. 1839," and " 3d April, 1840." Oxford said he had intended to destroy these papers in the morning, before he went out, but had forgotten it. All these papers—the " rules" and letters—were sworn by Oxford's mother to be *in his own hand-writing* ; and it should have been mentioned that there was not a tittle of evidence adduced to show that there were, in fact, any such society in existence, or any such persons as these papers would have indicated ; nor, up to the present moment, has there been the least reason for believing that such was the case.

Thus closed the case for the Crown, undoubtedly a very formidable one. No attempt was made by the pris-

ner's counsel—who appear to have conducted the defence temperately and judiciously—to alter by evidence the position of the proved facts; which, therefore, were allowed to stand before the jury as almost conclusively establishing the case of high treason. Mr. Taylor, however, strongly impaired the Attorney-General's notion that there had been in the pistols balls, which had gone over the wall; because his own witnesses had spoken decisively to the bullet marks on the wall; yet no flattened balls had been produced, after all the search that had been made. Mr. Taylor, therefore, inferred that the pistols had contained powder only: “a great outrage, unquestionably, but still not the *treason* charged.” There was, again, he contended, there could have been no *motive* for killing the Queen; and the idea of the ‘Reasonable Society’ was mere moonshine—a pure invention concocted by a lunatic—one who had inherited insanity, and himself exhibited the proofs of its existence: for Mr. Taylor undertook to prove the insanity of Oxford's grandfather, his father and himself. The proof broke down as far as concerned the grandfather, a sailor in the navy; for it was clear that his alleged violent eccentricities had been exhibited when he was under the influence of liquor.—The insanity of Oxford's father was sought to be established by his widow, the mother of the prisoner. If her story, “told with unfaltering voice, and unshaken nerve,” were correct, her husband had undoubtedly been a very violent and brutal fellow, with a dash of madness in his composition. It is possible that the mother, in her anxiety to save her son from a traitor's death, on the scaffold, had, by a *quasi pia fraus*, too highly colored her deceased husband's conduct. If this were not so, she had indeed been an object of the utmost sympathy. He forced her to marry him, she said, by furious threats of self-destruction.

tion if she did not: he burnt a great roll of bank-notes to ashes in her presence, because she had refused, or hesitated, to become his wife. He used to terrify her, during her pregnancies, by hideous grimaces, and apish tricks and gesticulations: the results being that her second child was born, and within three years' time died, an idiot. Her husband pursued the same course during her pregnancy with the prisoner, and presented a gun at her head. The prisoner had always been a headstrong, wayward, mischievous, eccentric youth—subject to fits of involuntary laughing and crying. He was absurdly vain, boastful, and ambitious; and wished his mother to send him to sea, where he would have nothing to do but walk about the deck, give orders, and by and by become Admiral Sir Edward Oxford! This was the utmost extent of the *facts* alleged in support of the defence of insanity. The prisoner's whole life had been traced—in evidence—while he was at school, and in three distinct services; and he had never been confined, or in any way treated as mad. His sister spoke to his going out on the day of the outrage, and detailed a conversation evincing no symptoms of wandering. He used to have books from the library—"The Black Pirate," "Oliver Twist," and "Jack Sheppard." On leaving home that day, about three o'clock in the afternoon, he told his sister that he was going to the Shooting Gallery to buy some linen for her to make him some shirts, and to bring home some tea from a particular shop in the Strand. A nursery-maid, to whom he had written a ludicrously-addressed letter a few weeks before, said, "I considered him in a sound state of mind, but sometimes very eccentric:" than which, no words were fitter to characterize the true scope and tendency of all the evidence which had been offered to prove him insane. Of that evidence, according to the

genius and spirit, and also the letter of English law, twelve intelligent jurymen were the proper judges, under judicial guidance; and greatly to be deprecated is any attempt to deprive them of their right, and their fellow-subjects—the public at large—of the protection afforded by its unfettered exercise.

We therefore earnestly beg the reader to assume that he is given credit for an average degree of intelligence, and only a moderate amount of moral firmness—to imagine himself a jurymen, charged with the solution of this critical problem. We ask—On the facts now laid before you, do you believe Oxford to have been no more conscious of, or accountable for, his actions, in twice deliberately firing at the Queen, than would have been a baby accidentally pulling the trigger of a loaded pistol, and shooting its fond, incautious mother or affectionate attendant?

If Oxford, instead of shooting at the Queen, had shot himself that afternoon, would you, being sworn “to give a just and true verdict *according to the evidence*,” have pronounced him insane—totally unconscious and irresponsible? Would you have declared him such, if required to say *ay* or *no* to that question on a commission of lunacy? Would you have declared his marriage, on that afternoon, null and void, on the ground of his insanity? Would you have declared his will void? or any contract, great or small, which he had entered into? Would you have declared his vote, in a municipal or parliamentary election, invalid? If he had committed some act of petty pilfering or cheating, would you have deliberately absolved him from guilt on the ground of insanity? Would you, in each and every one of these cases, have declared, upon your oath, that you believed Oxford was “*labouring under such a defect of reason, from disease of the mind, as not*

*to know the nature and quality of the act he was doing,—or, if he did know it, that he did not know he was doing wrong?”**

We entreat you to forget altogether the enormity of the offence imputed to Oxford—an attempt to take the life of his Queen: dismiss it, and all consideration of consequences, as a disturbing force, and address your reason exclusively to the question last proposed. What would be your sworn answer? We beg you also to bear in mind from whom has proceeded the chief evidence in support of the defence of insanity—a mother, seeking to rescue her son from the fearful death of a traitor; and that the attempt to impugn his mental sanity is not made till after such a terrible occasion has arisen for doing so. Had it been their interest to establish *his sanity*, in order to uphold a will of his bequeathing them a large sum of money, who sees not how all their evidences of insanity would have melted into thin air, and the attempt to magnify and distort petty eccentricities into such, have been branded as cruel, unjust, and disgraceful?

But there came five doctors on the scene, and at their approach the light of reason was darkened. These astute personages—mysterious in their means of knowledge, and confident in their powers of extinguishing the common sense of both judges and jury—came to demonstrate that the unfortunate young gentleman at the bar was no more the object of punishment than the unconscious baby aforesaid; no more aware of the nature and consequences of the act which he had done than is the torch with which a hay-stack is fired, or the bullet, cannon-ball, or dagger with which life is taken away! But let them speak for themselves—these wise men of Gotham—these confident disciples of the “*couldn't help it*” school!

* Opinions of the Judges.

FIRST DOCTOR.—*Question* by the prisoner's counsel and the Court—"Supposing a person, in the middle of the day, without any suggested motive, to fire a loaded pistol at her Majesty, passing along the road in a carriage; to remain on the spot; to declare he was the person who did it; to take pains to have that known; and afterwards to enter freely into discussion, and answer any questions put to him on the subject: would you, from those facts alone, judge a person to be insane?"

Answer.—"I should."

THE COURT.—"You mean to say, upon your oath, that if you heard these facts stated, you should conclude that the person would be mad?"

THE DOCTOR.—"I do."

THE COURT.—"Without making any other inquiry?"

THE DOCTOR.—"Yes! ... If, as a physician, I was employed to ascertain whether a person in whom I found these facts was sane or insane, I should undoubtedly give my opinion that he was insane."

THE COURT.—"As a physician, you think every crime, plainly committed, to be committed by a madman?"

THE DOCTOR.—"Nothing of the kind, but a crime committed under all the circumstances of the hypothesis!"

As to the hypothesis proposed, the reader will not have failed to observe how inapplicable it was to the proved facts. Oxford certainly "remained on the spot" because he could not possibly have got away; there being a high wall on one side, high park railings on the other, and an infuriate crowd, as well as the Queen's attendants, on all sides. He also certainly "declared he was the person who did it;" but how absurd to deny what so many had witnessed!

SECOND DOCTOR.—He is asked the same question which had been proposed to the first Doctor, with the addition of "hereditary insanity being in the family" of the person concerned.

Answer.—"I should consider these circumstances of strong suspicion; but other facts should be sought before one could be warranted in giving a positive opinion."

Question by the Prisoner's Counsel.—"Are there instances on record of persons becoming suddenly insane, whose conduct has been previously only eccentric?"

Answer.—"Certainly. Supposing, in addition, that there was previous delusion, my opinion would be that he is unsound. Such a form of insanity exists, and is recognised."

Question by the Counsel for the Crown -- "What form of insanity do you call it?"

Answer.—"Lesion of the will—insanity connected with the development of the will. It means more than a loss of control over the conduct—morbid propensity. Moral irregularity is the result of that disease. Committing a crime without any *apparent* motive is an indication of insanity!"

Question by the Court.—"Do you conceive that this is really a *medical* question at all, which has been put to you?"

Answer.—"I do: I think medical men have more means of forming an opinion on that subject than other persons."

Question.—"Why could not *any* person form an opinion, from the circumstances which have been referred to, whether a person was sane or insane?"

Answer.—"Because it seems to require a careful comparison of particular cases, more likely to be looked to by medical men, who are especially experienced in cases of unsoundness of mind."

THIRD DOCTOR.—"I have 350 patients under my care in a lunatic asylum.—I have seen and conversed with the prisoner. In my opinion he is of unsound mind. I never saw him in private more than once, and that for perhaps half-an-hour, the day before yesterday; and I have been in court the whole of yesterday and this morning. These are the notes of my interview with him:—'A deficient understanding; shape of the anterior part of the head, that which is generally seen when there has been some disease of the brain in early life. An occasional appearance of acuteness, but a total inability to reason. Singular insensibility as regards the affections. Apparent incapacity to comprehend moral obligations—to distinguish right from wrong. Absolute insensibility to the heinousness of his offence, and the peril of his situation. Total indifference to the issue of the trial; acquittal will give him no particular pleasure, and he seems unable to comprehend the alternative of his condemnation and execution: his offence, like that of other imbeciles who set fire to buildings, &c., without motive, except a vague pleasure in mischief. Appears unable to conceive anything of future responsibility.'"

Question by the Court.—"Did you try to ascertain *whether he was acting a part* with you, or not?"

Answer.—"I tried to ascertain it as well as I possibly could. My judgment is formed on all the circumstances together."

FOURTH DOCTOR.—To the same general question put to first and second Doctors—

Answer.—"An exceedingly strong indication of unsoundness of mind. A propensity to commit acts without an apparent or adequate motive, under such circumstances, is recognised as a particular species of insanity, called *lesion* of the will: it has been called moral insanity."

Question.—"From the conversation you have had with the prisoner and your opportunity of observing him, what do you think of his state of mind?"

Answer.—"Essentially unsound: there seems a mixture of insanity with imbecility. Laughing and crying are proofs of imbecility—assisting me to form my opinion. . . . When I saw him, I could not persuade him that there had

been balls in the pistols—he insisted that there were none. He was indifferent about his mother when her name was mentioned. His manner was very peculiar: entirely without acute feeling or acute consciousness—lively, brisk, smart, perfectly natural—not as if he were acting, or making the least pretence. The interview lasted about three quarters of an hour.”

LAST DOCTOR.—“A practising surgeon for between three and four years. Had attended the prisoner’s family.”

Question.—“What is your opinion as to his state of mind?”

Answer.—“Decidedly that of imbecility—more imbecility than any thing. he is decidedly, in my judgment, of unsound mind. His mother has often told me there was something exceedingly peculiar about him, and asked me what I thought. The chief thing that struck me was his involuntary laughing: he did not seem to have that sufficient control over the emotions which we find in sane individuals. In Newgate, he had great insensibility to all impressions sought to be made on him. His mother once rebuked him for some want of civility to me; on which he jumped up in a fury, at the moment alarming me, and saying, ‘he would stick her.’ I think that was his expression.”

Questioned by the Counsel for the Crown.—“I never prescribed for the prisoner, nor recommended any course of treatment, conduct, or diet whatever. I never gave, nor was asked for any advice. I concluded the disease was mental, one of these weak minds which, under little excitement, might become overthrown.”

With every due consideration for these five gentlemen, as expressing themselves with undoubted sincerity and conscientiousness; with the sincerest respect for the medical profession, and a profound sense of the perplexities which its honourable and able members have to encounter in steering their course, when called upon to act in cases of alleged insanity—encountering often equally undeserved censure and peril for interfering and for not interfering—we beg to enter our stern and solemn protest on behalf of the public, and the administration of justice, against such “*evidence of insanity*” as we have just presented to the reader. It may really be stigmatised as “The safe committal of crime made easy to the plainest capacity.” It proceeds upon paradoxes subversive of society. Moral insanity? Absurd misnomer! Call it rather “*immoral insanity*,” and punish it accordingly. Is it not fearful to see well-educated men of intellect take

so perverted a view of the conditions of human society—of the duties and responsibilities of its members? Absence of assignable motive an evidence of such insanity as should exempt from responsibility! Inability to resist or control a motive to commit murder a safe ground for immunity from criminal responsibility!—that “criminal responsibility which,” as the present Lord Chancellor, in replying for the Crown in Oxford’s case, justly remarked, “secures the very existence of society.”

Let us look at another aspect of this medical evidence given on this memorable occasion. Doctor the *first* pronounced his authoritative decision solely on the evidence given in court: influenced, it may be, by his having, many years before, been called in to attend the prisoner’s father when laboring under symptoms of poisoning by laudanum. Doctor the *second* gave merely speculative evidence, without, as it would seem, having even seen the prisoner, and founded solely on what passed at the trial. Doctor the *third* never saw the prisoner before the trial but once, and then for “*perhaps half an hour*,” on the first day of the trial, or the day before it! How potent that half hour’s observation! Doctor the *fourth* saw the prisoner with doctor the third, for “*perhaps three-quarters of an hour*!” Doctor the *fifth* was a practising surgeon of not four years’ standing—owning how “short a time he had been in practice.” Let us only surrender our understandings to this queer quinary, and we arrive at a short and easy solution, very comfortable indeed, for the young gentleman at the bar, who is doubtless filled with wonder at finding how sagaciously they saw into the thoughts which had been passing through his mind—the precise state of his feelings, views, objects, and intentions, when he fired at the Queen. But in the mean time we ask, can it be tolerated that medical gentlemen should thus usurp the province of

both judge and jury? We answer, no! and shall place here on record the just and indignant rebuke of Mr. Baron Alderson to a well known medical gentleman, who had thus authoritatively announced his conclusion on the recent trial of Robert Pate.

Dr. ———. "From all I have heard to-day, and from my personal observation, I am satisfied the prisoner is of unsound mind."

Baron ALDERSON.—"Be so good, Dr. ———, as not to take upon yourself the functions of both the judge and jury. If you can give us the results of your scientific knowledge in this point, we shall be glad to hear you: but while I am sitting on this bench, *I will not permit any medical witness to usurp the functions of both the judge and the jury.*"

It fell to the lot of Sir Thomas Wilde to reply for the Crown, in Oxford's case as in that of Frost; and he discharged the responsible duty with his usual clearness and cogency. As to the facts, irrespective of the question of insanity, a single sentence disposed of them.

"What would be the condition of society—exposed as we all are to such attacks, and the infliction of death by such means—if, with the evidence of previous preparation of the means; the use of balls and pistols; inquiries as to the effect of their discharge, and whether the party was hurt, coupled with admission, incidental and direct, of the fact that balls were in the pistols: what would be the state of society, if evidence like this left an assassin the chance of escape merely because the balls could not be found?"

And, with this terse summary of the proved facts before our eyes, we ask a question of our own: What overwhelming evidence of insanity would not an intelligent and honest jurymen require, to refer such a case to the category of criminal irresponsibility?

Sir Thomas Wilde vigorously and contemptuously crushed under foot the mischievous sophistries of the medical evidence.

"If eccentric acts were proof of insanity, many persons who were wrenching knockers off doors, knocking down watchmen, and committing similar freaks, were laying up a large stock of excuses for the commission of crimes!"

"The trick of laughing suddenly without cause, was so common, that if this were token of imbecility, the lunatic asylum would overflow with gigglers."

"The prisoner had all along displayed a morbid desire to be talked about; and the letters and documents produced had been written with that feeling and object. A criminal should not be permitted to write out for himself a certificate of lunacy!"

"Was his making no attempt to escape, a proof of an unsound mind? If he *had* made such an attempt, it would have been a great proof of madness! He was surrounded on all sides by the multitude. He took such a reasonable view of his situation, as to see that he had no chance of escape, and gave himself up quietly!"

"The prisoner had been allowed the unrestrained use of fire-arms and powder, and was well acquainted with their fatal effects on human life. Would his mother have *trusted a madman with them!* and left her mad son in the same house with her daughter?"

"The medical men went to Newgate *pre-disposed and pre-determined to see a madman!*"

"Suppose the prisoner unfeeling, violent, indifferent to his own fate, and preferring notoriety to any other consideration: what evidence did that supply of his being in a state of moral irresponsibility? that moral irresponsibility which secured the very existence of society."

All this surely sounds like an irresistible appeal to good sense.

Lord Denman directed the jury with corresponding clearness and decision, and also in full conformity with the views of the Solicitor-general, and with the subsequent annunciation of the law by the judges.

"If you think the prisoner was, *at the time*, laboring under any delusion which prevented him from judging of the effects of the act he had committed, you cannot find him guilty. He might, perhaps, have been laboring under a delusion affecting *every* part of his conduct, and not directed to one object alone: if that were so at the time of his firing, he could not be held accountable for it. But if, though laboring under a delusion, he fired the loaded pistols at the Queen, knowing the possible result—though forced to the act by his morbid love of notoriety—he is responsible, and liable to punishment."

"There may be cases of insanity, in which medical evidence as to *physical* symptoms is of the utmost consequence. But as to *moral insanity*, I, for my own part, cannot admit that medical men have at all more means of forming an opinion, in such a case, than are possessed by gentlemen accustomed to the affairs of life, and bringing to the subject a wide experience."

"The mere fact of the prisoner's going into the park, and raising his hand against the Queen, is not to be taken as a proof of insanity—particularly if we suppose that he is naturally reckless of consequences. It is a mark, doubtless,

of a mind devoid of right judgment and of right feeling; but it would be a most dangerous maxim, that the mere enormity of a crime should secure the prisoner's acquittal, by being taken to establish his *insanity*. Acts of wanton and dangerous mischief are often committed by persons who *suppose* that they have an adequate motive; but they are sometimes done by those who have *no* adequate motive, and on whom they can confer no advantage. A man may be charged with slaying his father, his child, or his innocent wife, to whom he is bound to afford protection and kindness; and it is most extravagant to say that this man cannot be found guilty because of the enormity of his crime!"

The jury, thus charged with the principles of a humane and sound jurisprudence, retired, and after three quarters of an hour's absence returned with this special verdict: "We find the prisoner, Edward Oxford, guilty of discharging the contents of two pistols; but whether or not they were loaded with ball has not been satisfactorily proved to us—he *being of unsound mind at the time*." In other words, "We find that he did not fire a pistol loaded with ball, because he was not of sound mind!" They were sent back, with a mild intimation that they had not sufficiently applied their minds to the true question—viz., Did the prisoner, ay or no, fire a pistol *loaded with ball* at the Queen? The foreman, "We cannot decide the point, because there is no satisfactory evidence produced before us, to show that the pistols were loaded with bullets."—They retired to return with a verdict of "'Guilty,' or 'Not Guilty,' on the evidence." After an hour's absence they finally brought back their verdict, "Guilty, he being at the time insane!"

Lord Denman.—"Do you acquit the prisoner, on the ground of insanity?"

Foreman of the Jury.—"Yes, my Lord, that is our intention."

Lord Denman.—"Then the verdict will stand thus: 'Not Guilty, on the ground of insanity.' The prisoner will be confined in strict custody, as a matter of course."

"The prisoner," says Mr. Townsend,* "walked briskly from the bar, apparently glad that the tedious trial was over."

* Townsend's "Modern State Trials," vol. i, p. 150.

Upon the whole matter we are of opinion,—*First*, That there was very satisfactory evidence that the pistols were loaded with ball, and that the jury ought to have found their verdict accordingly. *Secondly*, if they remained of opinion, to the last, that there was no satisfactory evidence on this point, they ought unquestionably to have pronounced the prisoner Not Guilty, independently of any question as to the prisoner's state of mind. In Scotland, the jury would, in such a case, have returned a verdict of *Not Proven* ; but in England, deficient evidence—*i. e.* such as leaves the jury finally in doubt—is regarded as leaving the charge unproved, &c., rendering the verdict of Not Guilty. *Thirdly*, The defence of insanity utterly failed, and the evidence offered in support of it was scarcely worthy of serious consideration. *Lastly*, it is possible that the verdict was given—though by men anxiously desirous of acting with mingled mercy and justice—under a condition of mental irresolution and confusion, and with a deficiency of moral courage. The jury either shrank from the fearful consequences of a verdict of Guilty, on a charge of high treason, and yet feared to let the prisoner loose again upon society ; or there was a compromise between those who believed that there *was*, and there was *not*, sufficient evidence of the pistols having contained bullets ; and also between those who were similarly divided on the subject of the prisoner's sanity. Thus stood, thus stands, the case ; and Oxford has ever since been an inmate of Bedlam : though Mr. Taylor, to whose work on *Medical Jurisprudence* we have already referred, and who is a decided and able supporter of that theory of “moral insanity” to which we, in common with all the Judges, are so strongly opposed, admits expressly that, with the exception of M'Naughten's case, “there is

perhaps none on record, in English jurisprudence, where the facts in support of the plea of insanity were so slight as in that of Oxford.”*

M’NAUGHTEN’S CASE.

The case of Daniel M’Naughten, which was tried at the Old Bailey about two years and a half after that of Oxford—viz. on the 3d and 4th March, 1843—cannot be approached without a shudder, as one recalls the direful deed for which he was brought to trial—the assassination of Mr. Drummond, whom the murderer had mistaken for the late Sir Robert Peel! To a candid, philosophical jurist, this case is one of profound interest, and of considerable difficulty. The abrupt interposition of the presiding judge, the late Chief-justice Tindal—a step very unusual on such an occasion, and especially so in the case of that signally patient and cautious judge—occasioned much remark at the time, and a general, if not almost universal expression of regret that he had not allowed a case of such magnitude to run on to the end, and so have afforded the jury the vast advantage of hearing that consummate lawyer Sir William Follett’s commentary upon the case set up in behalf of the prisoner. The unexpected issue of this dreadful case led, as has been already explained, to Parliamentary discussion, and a solemn declaration by the assembled judges of England of the true principles applicable to such cases. We shall not examine the proceedings as minutely as in the case of Oxford; but we shall endeavor to enable the thoughtful reader to apply to the leading facts the rules of law laid down by the Judges for the conduct of these critical investigations. He can then form an opinion as to what

* Medical Jurisprudence, p. 801.

might have been the result, if those principles had been strictly adhered to, and the case had gone on to its legitimate conclusion. It will be borne in mind that, as stated at the close of our account of Oxford's case, even Mr. Taylor treats the case of M'Naughten as an acquittal proceeding on facts, alleged in support of the defence of insanity, "as slight as those in Oxford's case!"

Mr. Drummond, the private secretary of the late Sir Robert Peel, then prime-minister, was returning alone to his residence in Downing Street, having just quitted Drummond's banking-house at Charing Cross, in the afternoon of Friday, the 20th January, 1843, when a man (Daniel M'Naughten) came close behind him, and deliberately shot him in the back with a pistol which he had been seen to take from his left breast. While Mr. Drummond staggered away, and the man who had shot him was seen quickly, but deliberately, taking another pistol from his right breast with his left hand, cocking it, and then transferring it to his right hand, he was tripped up by a police officer; and a desperate struggle occurred on the ground, during which the pistol went off—providentially without injuring any one. M'Naughten strove to use his right arm against the officer, but was overpowered, the pistols taken from him, and he was led to the station house. As he went, he said, "*He*" [or "*she*"—the witness was uncertain which word was used] "*shall not break my peace of mind any longer.*" On being searched, a banker's receipt for £745, two five-pound notes, and four sovereigns, and ten copper percussion caps fitting the nipples of the pistols which he had discharged, were found on his person; while bullets exactly fitting the barrels were discovered at his lodgings.

The unfortunate gentleman who had been thus assassinated, died after great suffering, on the 25th January.

He had borne a strong personal resemblance to the late Sir Robert Peel; and it was beyond all doubt that it had been Sir Robert Peel whom McNaughten thought he had shot, and had intended to shoot. On the ensuing morning, when asked if he knew whom he had shot, he replied, "It is Sir Robert Peel, is it not?" and on being reminded that what he said might be given in evidence, he replied quickly, "*But you won't use this against me?*" He had shortly before said that, when brought before the magistrate, he would "give a reason, a short one," for what he had done; and also observed, that he was an object of persecution by the Tories—that they followed him from place to place with their persecution." He appeared calm; and gave a correct and connected account of his recent travelling movements.

He was the natural son of a turner at Glasgow, from which, some months previously, he had come to London, and had then paid a short visit to France. Down to the moment of his committing this appalling act, he had been a man of rigorously temperate habits; and no one with whom he lodged or associated, entertained the slightest suspicion that his reason was in any way affected—though he appeared peculiarly reserved, and even sullen, which his landlady had attributed to his being out of a situation and poor; for, though punctual in his small payments, he was frugal even to parsimony. She had no idea that he possessed so large a sum as £750. During the previous fortnight he had been observed loitering so suspiciously in the neighborhood of Sir Robert Peel's private and official residences as to challenge inquiry, which he parried by casual observations. In the month of November previously, he had remarked to a companion, on being shown Sir Robert Peel's house in Whitehall, "D——n him! Sink him!" or words to that effect. His other

remarks were perfectly rational, and his companion entertained no notion "that his mind was disordered." The following two documents in his handwriting, dated in the May and July preceeding the murder, are very remarkable, as indicating great caution, shrewdness, and thrift on the part of the writer. The first was addressed to the Manager of the Glasgow Bank, and is as follows:—

"GLASGOW, 23d May, 1842.

"Sir,—I hereby intimate to you, that I will require the money, ten days from this date, which I deposited in the London Joint-Stock Bank through you. The account is for £745. The account is dated August 23th, 1841, but is not numbered! As it would put me to some inconvenience to give personal intimation, and then remain in London till the eleven days' notice agreed upon has expired, I trust this will be considered sufficient.

"Yours, &c.,

"DANIEL M^rNAUGHTEN."

Two months afterwards—viz., in July—he purchased the fatal pistols of a gunsmith near Glasgow, giving him very precise directions as to their make; and on the 19th of July replied to the following advertisement, which appeared in the *Spectator* newspaper of the 16th of July:—

OPTIONAL PARTNERSHIP.—Any gentleman having £1000 may invest them, on the most advantageous terms, in a very genteel business in London, attended with no risk, with the option, within a given period, of becoming a partner, and of ultimately succeeding to the whole business. In the mean time, security and liberal interest will be given for the money. Apply by letter to B. B., Mr. Hilton's, Bookseller, Penton Street, Pentonville."

M^rNaughten's answer, which here follows, cannot be too closely scrutinized, and its general tone and tendency too anxiously weighed, by a dispassionate judicial mind, regard being had to the evidence hereafter to be adverted to, with reference to the alleged condition of the writer's mind, long previously to, at, and after the date of the letter.

* Townsend, "Modern State Trials," p. 337.

"GLASGOW, 19th July. 1842.

"Sir,—My attention has been attracted to your advertisement in the *Spectator* newspaper, and as I am unemployed at present, and very anxious to obtain some, I have been induced to write, requesting you to state some particulars regarding the nature of the business in which you are engaged. If immediate employment can be given or otherwise, what sort of security will be given for the money, and how much interest? I may mention that I have been engaged in business on my own account for a few years, am under thirty years of age, and of very active and sober habits.

"The capital which I possess has been acquired by the most vigilant industry, but, unfortunately, does not amount to the exact sum specified in your advertisement. If nothing less will do, I will be sorry for it, but cannot help it; if otherwise, have the goodness to write to me at your earliest convenience, and address D. M. N., 90, Clyde Street, Anderton's front land, top flat."*

He went to London during the same month; appears to have gone for about a fortnight to France, returning to Glasgow; went a second time to London, in September, and resided there, in the lodgings which he had formerly occupied, down to the day on which he shot Mr. Drummond. His landlady accurately described his habits, and stated that "she never thought him unsettled in his mind;" and on the very morning of the fatal day, "did not observe anything about his manner." Such was the tenor of all the evidence offered for the prosecution—some of it stretching back to the years 1840, 1841, when he attended anatomical lectures in Glasgow. A Writer to the Signet, who also attended them, and the physician who lectured, expressly declaring that they had never seen anything in him to indicate "disordered mind," or that "he was not in his right senses."

The following was the statement which he made and signed, when examined on the charge at Bow Street.—This document, like the preceding, is worthy of great consideration.

"The Tories in my native city have compelled me to do this. They follow and persecute me wherever I go, and have entirely destroyed my peace of mind.

* Townsend's "Modern State Trials," vol. i, p. 338.

They followed me into France, into Scotland, and all over England: in fact they follow me wherever I go. I cannot get no rest for them night or day. I cannot sleep at night, in consequence of the course they pursue towards me. I believe they have driven me into a consumption. I am sure I shall never be the man I formerly was. I used to have good health and strength, but I have not now. They have accused me of crimes of which I am not guilty; they do every thing in their power to harass and persecute me; in fact they wish to murder me. It can be proved by evidence. That's all I have to say."

On Thursday, the 2d February—that is to say, exactly a fortnight after the murder—M'Naughten was arraigned at the Old Bailey. When called upon, in the usual manner, to say whether he was Guilty or Not Guilty, he remained silent, with his eyes directed steadily towards the bench. At length, on being authoritatively required to answer, he said, after some hesitation, "I was driven to desperation by persecution." On being told that he must answer, "Guilty," or "Not Guilty," he replied that he was guilty *of firing*. On this Lord Abinger interposed, "By that, do you mean to say you are not guilty of the remainder of the charge—that is, of *intending to murder Mr. Drummond*?" The prisoner *at once* said, "Yes;" on which Lord Abinger ordered a plea of Not Guilty to be recorded. It appears to us that there is great significance in what passed on that occasion.

An application was then made to postpone the trial, on affidavits stating that, by the next session, matured evidence could be adduced to show the insanity of the prisoner when he shot Mr. Drummond. The Attorney-general (Sir Frederick Pollock) at once humanely assented to the application, and it was granted; as also ample funds out of the £764 found on the prisoner, to prepare effectively for the defence. Let us here pause for a moment, to contrast the treatment which M'Naughten—whose undisputed act had filled the whole country with horror and

indignation—received on this occasion, with that experienced by his predecessor Bellingham, thirty years before, whose case very closely resembled that of M'Naughten in some fearful points.

We can with difficulty record calmly that Bellingham's counsel, fortified by strong affidavits of the prisoner's insanity, and that witnesses knowing the fact could be brought from Liverpool and elsewhere, applied in vain for a postponement of the trial, the Attorney-general of that day barbarously, and even offensively opposing the application, which was consequently at once over-ruled.

Within seven days' time Bellingham shot Mr. Percival, was committed, *tried*—if it be not a mockery to use the word—convicted, and executed. On Monday, the 11th May, 1811, Bellingham shot his unfortunate victim, and on that day week (Monday, the 18th May, 1811) the assassin's dead body lay on the dissecting-table! This vindictive precipitancy affords an awful contrast to the noble temper in which M'Naughten's application was entertained by the Attorney-general, the judge, and the justly-excited country at large. It supplied the eloquent advocate, (the present Solicitor-general, Sir Alexander Cockburn) who was subsequently retained by the prisoner, with a potent weapon of defence, of which he failed not to make effective use. It is not too much to say, that all who can concur in the acquittal of M'Naughten must regard Bellingham as judicially murdered. We concur heartily with M'Naughten's advocate in the remark, that "few will read the report of Bellingham's trial without being forced to the conclusion that he was either really mad, or, at the very least, the little evidence which alone he was permitted to adduce, relative to the state of his mind, was strong

enough to have entitled him to a *deliberate and thorough investigation of his case.*"*

On Friday, March 3d, M'Naughten took his trial before the late Chief-justice Tindal, the late Mr. Justice Williams, and Mr. Justice Coleridge. The prosecution was conducted by the late Sir William Follett, then Solicitor-general, and the prisoner defended by the present Solicitor-general, then Mr. Cockburn, Q. C. Nothing could exceed the temperate and luminous opening statement of Sir William Follett, who, in our judgment, laid down the rules of the English law, applicable to the difficult and delicate subject with which he had to deal, with rigorous propriety.

"If you believe," said he, "that the prisoner at the bar, at the time he committed this act, was not a responsible agent---that, when he fired the pistol, he was incapable of distinguishing between right and wrong---that he was under the influence and control of some disease of the mind which prevented him from being conscious that he was committing a crime---that he did not know he was violating the law both of God and man---then, undoubtedly, he is entitled to your acquittal. But it is my duty to tell you that nothing short of *that* will excuse him, upon the principles of the English law. To excuse him, it will not be sufficient that he labored under partial insanity upon some subjects---that he had a morbid delusion of mind upon some subjects, which could not exist in a wholly sane person; that is not enough, *if* he had that degree of intellect which enabled him to know and distinguish between right and wrong---if he knew what would be the effects of his crime, and consciously committed it; and if, with that consciousness, he *wilfully* committed it."

The witnesses for the prosecution established a case, if unanswered, of perfect guilt; the facts of the assassi-

* We have heard high authorities strongly disapprove of the conviction and execution of Bellingham; and it certainly appears impossible to reconcile with true principles of jurisprudence, the different fates awarded to Bellingham and M'Naughten, supposing the facts to be as alleged in each case. A military officer, present at the execution of Bellingham, and very near the scaffold, told us that he distinctly recollected Bellingham, while standing on the scaffold, elevating one of his hands, as if to ascertain whether it were raining; and he observed to the chaplain, in a very calm and natural tone and manner, "*I think we shall have rain to-day!*"

nation were indisputable, and the evidence of the prisoner's sanity cogent in the extreme. Mr. Cockburn addressed the jury at very great length, and in a strain of sustained eloquence and power, his object being to persuade the jury "that the prisoner was labouring, at the time of committing the act, under a morbid [?] insanity, which took away from him all power of self-control, so that he was not responsible for his acts. I do not put this case forward as one of total insanity; it is a case of delusion, and I say so from sources upon which the light of science has thrown her holy beam." Those who have read what has gone before concerning Oxford's case will appreciate this observation of Mr. Cockburn, and gather from it his adoption, for the purpose of that defence, of the theory of moral insanity, which he enforced and illustrated by many striking and brilliant observations, calculated to produce a deep and strong impression on the minds of the jury, such as required the utmost exertions of Sir William Follett in reply, and finally of judicial exposition to efface, if fallacious—or modify to any extent rendered necessary by inaccuracy or exaggeration.

Ten witnesses, all of them from Glasgow, were called, for the purpose of establishing the fact that the prisoner had, for some eighteen months previously to January, 1843, appeared to labor, and had continually represented himself as laboring, under a persuasion that he was the victim of some such indefinite, mysterious, and incessant persecution as he spoke of in his statement before the magistrate at Bow Street. We are bound to say that the force of this testimony—coming chiefly from persons above all suspicion, and in a superior rank of life—is irresistible as to the existence of such an insane delusion down to the time of his quitting Glasgow. Not a witness, however, gave evidence of his exhibiting that tendency.

after his last return to London, before his shooting Mr. Drummond. The only mention of Sir Robert Peel's name was by one of these ten witnesses, a former fellow-lodger of the prisoner's, who told him, in July 1842, that he had heard Sir Robert Peel speak in the House of Commons; preferred his speaking to that of Lord John Russell and Mr. O'Connell; and said "he thought Sir R. Peel had arrived at what Lord Byron said of him—that 'he would be something great in the state.'" Mr. Cockburn asked the witness, "Did you ever, on that or any other occasion, hear him speak at all disrespectfully of Sir Robert Peel?" *Answer*.—"Certainly not."

One or two witnesses spoke to singularities of demeanour as early as the years 1835 and 1836. One of his landlords, in the former year, got rid of him as a lodger, "for one reason, in consequence of the infidel doctrines he maintained, and the books of such a character which he was in the habit of reading." One witness, who had succeeded him in his business, remonstrated with him, towards the end of 1842, about his notions as to being persecuted, telling him it was all imagination—that there were no such people as he supposed. He said that "if he could once set his eyes on them, they should not be long in the land of the living," and became shortly afterwards very much excited. Sometimes he said he was "haunted by a parcel of devils following him." His landlady, seeing the brace of pistols which he had in September, just before his return to London, said, "What, in the name of God, are you doing with pistols there?—He said 'he was going to shoot birds with them.' I never saw the pistols after that." He told the Commission of Police that the "prosecution proceeded from the priests of the Catholic chapel in Clyde Street, who were assisted by a parcel of Jesuits." In August, 1842, he told the

same witness that "the police, the Jesuits, the Catholic priests, and Tories, were all leagued against him."

Mr. Cockburn having thus "laid a broad foundation," says Mr. Townsend, "for medical theories, *upon them* was built, by the nine physicians and surgeons who confirmed each other's theories, a goodly superstructure of undoubted insanity. Had the workings," continues Mr. Townsend, sarcastically, "of the troubled brain been as distinctly visible to the eye, as the labours of bees seen through a glass hive, they could not have held the fact to be more demonstratively proved. Positively beyond the possibility of mistake, and infallible as theologians, they explained all that might appear with the aid of science inexplicable; and proved, as if they were stating undoubted facts, an irresponsible delusion."

One of his physicians attested his conviction, from an interview with the prisoner shortly before his trial, "as a matter of certainty, that M'Naughten was not responsible for his acts!" Well may Mr. Townsend add, "By an excess of lenity the counsel for the prosecution allowed these scientific witnesses to depart from the ordinary rules of evidence, *to give their own* conclusions from the facts proved, and usurp the province of the jury." * After going through the evidence (if the word can be used with propriety under such circumstances) of the other medical gentlemen, Mr. Townsend observes, "Each physician and surgeon, as he stepped into the witness-box, seemed anxious to surpass his predecessor in the tone of decision and certainty; each tried to draw the bow of — (mentioning the first physician who had been called, and who was also called in Oxford's and Pate's case, in which latter he was rebuked by Baron Alderson,†) and shoot, if possible, still farther into empty space." And

* "Townsend's Modern State Trials," vol. i, p. 398. † *Ante*, p. 330.

this gentleman, Dr. —, had asserted, under cross-examination by Sir William Follett, “his positive conviction that he could ascertain the nicest shade of insanity! that the shadowy traces of eccentricity, dissolving into madness, could be palpably distinguished!” * The last of these confident personages then was permitted to make this extraordinary statement: “I have not the slightest hesitation in saying that the prisoner is insane, and that he committed the offence in question whilst afflicted with a delusion under which he appears to have been labouring for a considerable length of time!!!”

We feel constrained to say that this appears to us, in every way, monstrous.

“Nine medical witnesses,” significantly observes Mr. Townsend, “had now spoken, with a wonderful unanimity of opinion, *and the court surrendered at discretion.*” †

If such a course is to be allowed again in a court of justice, what security have any of us for life, liberty, or property?

Chief-Justice Tindal here interposed, to ask Sir William Follett whether he was prepared with evidence on the part of the Crown to combat that of the medical witnesses,—

“Because, if you have not,” said the Chief Justice, “we think we are under the necessity of stopping the case. Is there any medical evidence on the other side?”

Sir William Follett.—“No, my Lord.” ‡

* Townsend's “Modern State Trials,” vol. i. p. 396.

† Ibid, p. 400.

‡ It is said that the two physicians selected by Government to examine the prisoner, in company with those who did so on behalf of the defence, did not differ from them in opinion; and Mr. Coekburn taunted Sir William Follett with not having called them, though they sat beside him in court. By that time Sir William Follett might have seen, during the progress of the trial, sufficient to make him distrust medical evidence altogether, come from whom it might!—Ibid, p. 373.

Chief-Justice Tindal.—"We feel the evidence, especially that of the last two medical gentlemen who have been examined, and who are strangers to both sides, and only observers of the case, to be very strong and sufficient to induce my learned brothers and myself to stop the case."*

After this authoritative intimation from the court, in a capital case, in favor of the prisoner, it would have been obviously to the last degree inexpedient for the Solicitor-General, in his position of peculiar and great public responsibility, to "press for a verdict against the prisoner."† After, therefore, intimating distinctly and respectfully to the jury, that "after the intimation he had received from the bench, he felt that he should not be properly discharging his duty to the Crown and the public, if he asked them for a verdict against the prisoner," he withdrew, in deference to "the very strong opinion entertained by the Lord Chief-Justice, and the other learned Judges present," that the evidence, especially the medical evidence, sufficed to show that the prisoner, when he shot Mr. Drummond, was labouring under insanity, "*If* he were so," added Sir William Follett, with a pointed reservation of his own opinion, "he would be entitled to his acquittal." He intimated, however, distinctly, that he adhered to "the doctrines and authorities" on which he had relied in opening the case, "as being correct law; our object being to ascertain whether the prisoner, at the time when he committed the crime, was—at that time—to be regarded as a responsible agent, or whether all control over himself was taken away. The learned judge, I understand, means to submit that question to you. I cannot press for a verdict against the prisoner, and it will be for you to come to your decision."

The Chief-Justice then briefly addressed the jury, offering to go through the whole evidence, if the jury

* Townsend's "Modern State Trials," p. 400.

† Ibid.

deemed it necessary, which *he* "thought to be almost unnecessary;" adding—

"I am in your hands; but if, in balancing the evidence in your minds, you think that the prisoner was, at the time of committing the act, capable of distinguishing between right and wrong, then he was a responsible agent, and liable to all the penalties which the law enforces. If not so—and if, in your judgment, the subject should appear involved in very great difficulty—then you will probably not take upon yourselves to find the prisoner guilty. If that is your opinion, then you will acquit the prisoner. If you think you ought to hear the evidence more fully, in that case I will state it to you, and leave the case in your hands. Probably, however, sufficient has now been laid before you, and you will say whether you want any further information."

Foreman of the Jury.—"We require no more, my Lord."

Chief-Justice Tindal.—"If you find the prisoner not guilty, say on the ground of insanity; in which case proper care will be taken of him."

Foreman.—"We find the prisoner not guilty, on the ground of insanity."

We repeat emphatically our deep respect for the late Chief-Justice Tindal, and for his brethren who sat beside him on this momentous occasion; and we also acknowledge the weight due to the observation of Mr. Townsend, that "none can form so correct an estimate of the facts proved, and their illustration by science, as those who actually saw what was going on; and the three able judges who presided seem to have been fully impressed with the conviction that the prisoner ought not to be considered amenable to punishment for his act, being insensible, at the time he committed it, that he was violating the law of God and man."

And, again, "It is far more just and merciful to take care alike of the accused and of society, by confining in secure custody the doubtfully conscious shedder of blood, than to incur the fearful hazard of putting to death an irresponsible agent."* Nevertheless, we concur in the unanimous opinion of the five law lords, expressed in their places in Parliament—the Lord Chancellor, Lord

* Townsend's "Modern State Trials," p. 400.

Brougham, Lord Cottenham, Lord Denman, Lord Campbell—that it would have been better to let the trial proceed regularly to its conclusion. The whole facts of the case demanded, not less than the theories of the medical witnesses, that thorough sifting, and the application of that masterly and luminous practical logic, which both the Solicitor-General and the Chief-Justice were so pre-eminently capable of bestowing. If, after such a dealing with the case, an acquittal on the ground of insanity should have ensued, who could have gainsaid it? At present, see what a candid and scientific writer on medical jurisprudence—as we have several times observed, a strong favourer of the notion of moral insanity—has felt himself compelled to place permanently on record,* with reference to the acquittal of M'Naughten.

“When we find a man lurking for many days together in a particular locality, having about him loaded weapons—watching a particular individual who frequents that locality—a man who does not face the individual and shoot him, but who coolly waits until he has an opportunity of discharging the weapon unobserved by his victim or others—the circumstances appear to show such a perfect adaptation of means to ends, and such a power of controlling his actions, that one is quite at a loss to understand why a plea of irresponsibility should be admitted, except upon the fallacious ground that no motive could be discovered for the act—a ground, however, which was not allowed to prevail in the case of Courvoisier, Francis, and the perpetrators of other atrocious crimes. Observe the lively sense of his danger, and of his rights and interests, as an accused person, exhibited by M'Naughten almost immediately after committing the act—when, fearful lest an inadvertent admission should be given in evidence against him, he said to the officer†—‘*But you won't use this against me?*’ Note the matter-of-fact astuteness with which he attended to his pecuniary interests in May and July; the total absence of any evidence of the existence of his delusions during his last sojourn in London; the presence of such proof of careful, deliberate, and too successful perpetration, as to time, opportunity, and means; his expression in November towards Sir Robert Peel—‘*D——n him!*’ But, above all, is to be noted the time when he first gives utterance to any thing directly and cogently favouring the notion on which his life depended—his insane delusion with regard to Sir Robert Peel—viz., after he had been for some

* Taylor's “Medical Jurisprudence,” p. 799.

† *Ante*, p. 336.

time incarcerated in Newgate, and when he knew that he was being examined by a physician, in order to ascertain what had been his state of mind at the time in question ! Dr. Munro has there recorded it.* He said—' Mr. Salmond, the Procurator-Fiscal, Mr. Sheriff Bell, Mr. Sheriff Alison, and *Sir Robert Peel*, might have put a stop to this system of persecution if they would !

..... ' *We were afraid of going out after dark for fear of assassination :* that individuals were made to appear before him like them he had seen in Glasgow.'

..... ' That he imagined the person at whom he fired at *Charing Cross* to be one of the crew—a part of the system that was destroying his health. He observed, that, *when he saw the person at Charing Cross at whom he fired*, every feeling of suffering which he had endured for months and years rose up at once in his mind, and that he conceived that he should obtain peace by killing him.' "

Surely it would have conduced—especially in the painful excitement of the public mind on the subject at the time—to the satisfactory administration of justice, if it had been allowed Sir William Follett—without his being placed in the insidious position of appearing to press unduly against a prisoner tried for his life—to combine and contrast these various circumstances, as he, of almost all men, could have best combined and contrasted them.—The jury should have had their minds solemnly and authoritatively directed to the question, for instance, whether this last observation of M'Naughten made to Dr. Munro was a spontaneous, genuine indication of utterly subverted mental faculties, continuing from the moment of his shooting Mr. Drummond ; or an effort of anxious astuteness to give effect to the suggestion which he may have believed would save his life. And, moreover, this and other circumstances should have been accompanied by a direction to the jury, in accordance with that of Lord Denman in Oxford's case,† and with the following canon, subsequently laid down by the judges in their answer to the first question proposed by the Lord Chancellor, viz., " That notwithstanding the party did the act with a view,

* Townsend's "Modern State Trials," vol. i p. 395. † *Ante*, p. 331.

under insane delusion, of *redressing* or *revenging* some *supposed grievance or injury*, he is nevertheless punishable, if he knew at the time that he was acting contrary to the law of the land." Could M'Naughten be again tried on this charge, this is the precise question which would be left to the jury. Mr. Alison, in his *Principles of the Common Law of Scotland*,* thus lays down the rule applicable to such cases, in commenting on that of Bellingham:—

"Unquestionably, the mere fancying a series of injuries to have been received will not serve as an excuse for murder—for this plain reason, that, supposing it true that such injuries had been received, they would have furnished no excuse for the shedding of blood. On the other hand, however, such an illusion as depriving the panel of the sense that *what he did was wrong* amounts to legal insanity, though he was perfectly aware that murder in general was a crime."

Responsibility more awful than is devolved upon all parties to the judicial investigation of this question can scarcely be imagined. A deliberate and thorough investigation of every—even the minutest—circumstance adduced, guided steadily by correct legal principles, is demanded imperiously by justice. Difficult—almost hopeless—as may be the attempt to grope into the turbid mind of a madman, to ascertain its true condition at a given moment of time, the attempt *must* be made, a decision *must* be pronounced—distinguishing between real and simulated imbecility or madness—between irresponsible insanity and responsible eccentricity. These are questions, we repeat, of infinite importance, of great difficulty; and the interests of the entire community, and of individual members of it, demand a steady adherence to the principles of a humane and enlightened jurisprudence. Recent dreadful instances have served to remove several sources of dangerous error, in dealing with these cases of criminal jurisprudence. No one dare now infer madness

* Page 658.

from the mere *absence of motive*, and from the *very enormity of the act committed*; nor accord immunity to the fancied victim of "*uncontrollable impulse*." That is, at all events, a point gained in favor of society. In England, at all events, we sternly repudiate this last sickly and spurious theory, which would place the innocent and virtuous entirely at the mercy of the most base and ruffianly impulses of our fallen nature. It would relax all the bonds of self-restraint, and afford a premium on the indulgence of ungovernable passions.

If the case of M'Naughten had been thoroughly tried out—if the medical witnesses, above all, had been checked and restrained within their proper province, as they were by Baron Alderson—and if the summing up by the Chief-Justice had been in accordance with that of Baron Alderson in Pate's case—we do not venture to say what would have been the result; but whatever it might have been, it would have satisfied the country. Whether, at the moment when M'Naughten took out his long prepared pistol, and, after a fortnight's watching, fancied he had found Sir Robert Peel, and deliberately shot his victim in the back—whether M'Naughten was, at that awful moment, insanely ignorant of what he was doing—utterly unaware that he was doing wrong—is a question which there exist no longer any human means of determining; but it is open to us to examine the principles applicable to such an investigation in a court of criminal justice.

Upwards of seven years have elapsed since the trial of M'Naughten, and upwards of ten years since that of Oxford; and both of them are at the present moment inmates of Bethlehem Hospital. Since commencing this article, we have been permitted, through the courtesy of the acute and able physician to whom the superintendence of

that important institution has been for some years intrusted, to see and converse with the two persons with whose fate we have herein so anxiously concerned ourselves. Neither knew of our going; and we were accompanied by the gentleman in question.

M'Naughten was standing in the courtyard, dressed in the costume of the place (a pepper-and-salt jacket and corduroy trousers), with his hat on, knitting. He looks about forty years old, and in perfect health. His features are regular, and their expression is mild and prepossessing. His manner is tranquil. Usually he wears his hat somewhat slouched over his eyes, and sidles slowly away from any one approaching him, as if anxious to escape observation; but on this occasion he at once entered into conversation with our companion, calmly and cheerfully, and afforded us a full opportunity of watching him. Had we seen him casually elsewhere, and as a stranger, we should have thought his countenance indicative of a certain sort of cheerful, quiet humor, especially while he was speaking; but to us it seemed certainly to exhibit a feeble intellect, shown chiefly by a faint, flickering smile, even when he was speaking on the gravest subjects.—When asked what had brought him where he was, he replied, “*Fate.*” “And what is fate?” “The will of God, or perhaps,” he added quickly, “of the devil—or it may be of both!” and he half-closed his eyes and smiled.—[The reader will bear in mind what was deposed at the trial, as to his infidel tendencies.*]—When told that Sir Robert Peel was dead, he betrayed no emotion, nor exhibited the slightest interest. “One should have thought that, considering what has happened, you would have felt some interest in that gentleman. He looked rather quickly at the speaker, and said calmly, with a faint

* *Ante*, p. 343.

smile, "It is quite useless to talk to me on *that* subject; you know quite well I have long and long ago made up my mind never to say one word about it. I never have, and I never will; and so it would be quite childish to put any questions."* . . . "How are you, M'Naughten?"—He slightly sighed, and said, "I am very uncomfortable. I am very ill-used here; there is somebody [or something] always using me ill here." It is really too bad! I have spoken about it many, many times; but it is quite useless. I wish I could get away from this place! If I could just get out of this place, and go back to Glasgow, my native place, it is all I would ask for: I should be quite well there! I shall never be well or happy *here*, for there is always some one ill-using me here." "Well, but what do they do to you?" "Oh," shaking his head, and smiling, "they are always doing it; really it is too bad."—"Who are they?" "Oh, I am always being ill-used here! My only wish now is, to get away from this place! If I could only once get to Glasgow, my native place!" This is the continual burthen of his song. It is needless to say that his complaints are altogether unfounded: he is treated with the utmost kindness consistent with his situation; and, as he has never exhibited violence nor ill-behaviour, it has never been necessary to resort to personal coercion, with one exception. Two or three years ago, he took it into his head that, as he could not get away, he would starve himself; and he persevered for such a length of time in refusing all kind of food that he began to lose flesh fast. At length he was told by the physician that, since he would not eat voluntarily, he must be made to eat; and it was actually necessary to feed him for a considerable time mechanically, by means of the stomach pump. Under this treatment he presently regained his

* This he has always said, and has adhered to his resolution.

flesh, in spite—as it were—of himself; and at length suffered himself to be laughed out of his obstinacy, and has ever since taken his food voluntarily. He seemed himself to be tickled by a sense of the absurdity of which he was guilty. Not a doubt of his complete insanity was entertained by my acute companion, who has devoted much observation to the case. Shortly after we had quitted him, and were out of his sight, he put away his knitting, placed his hands in his jacket pockets, and walked very rapidly to and fro, his face bent on the ground; and he was apparently somewhat excited.—Whatever may have been the state of M'Naughten at the time to which our inquiries have been directed in this article, we entertain little, if any doubt, that he is now in an imbecile condition.

Oxford was in another part of the building, standing alone, at the extremity of a long corridor, gazing through a heavily-grated window, towards the new House of Parliament. His hat was on; he was dressed like M'Naughten, and his jacket was buttoned. We scarcely recognized him, owing to the change of his dress. He is fond of attracting the notice of anybody, and conversed about himself and his offence in the most calm and rational manner conceivable. He has lost much of his hair—a circumstance which he appeared somewhat to regret—for the front of his head is bald; but he looks no older than his real age, thirty. He is mortally weary of his confinement, and says he has been terribly punished for “his foolish act.” “*Foolish!*” we exclaimed—“is *that* all you can say of your attempt to shoot her Majesty?” He smiled, and said, “Oh, sir, I never attempted to shoot her; I never thought of such a thing. I aimed at the carriage-panels only.” “Then why did you put balls in your pistols?” “I never did,” he replied quickly. “I

never dreamed of such a thing. There were no balls." "Oh, then you have not heard of the discovery that has just been made—eh?" "Discovery—what?" "The bullets." "Oh, there have been more found than ever I used at least; for I assure you I never used any!"—"What made you do what you did?" "Oh, I was a fool; it was just to get myself talked about, and kick up a dust. *A good horse-whipping was what I wanted,*" he added, with a faint sigh. These were his very words. "Should you have done it, if you had thought of coming *here*?" "No, indeed, I should not; it has been a severe punishment; I dare say public opinion says nothing about me now; I dare say it thinks I have got what I very well deserve—and perhaps I have; but possibly if I were put quietly out of the way, and sent abroad somewhere, public opinion might take no notice of it." He has taught himself French, Italian, and German, of which he has a fair knowledge. He also used to draw a little, and began to write a novel; but it proved a sorry affair, and, being discouraged, he threw it up. "Do you recollect hearing the condemned sermon preached to Courvoisier?" "Oh, yes, very well. It was a most excellent sermon." "Did Courvoisier seem to attend to it?" "Oh, yes, very much; and he seemed very much affected. It was certainly a very appropriate sermon; I liked it much." "Did not you think that it might soon be your fate to sit where he was?" "What, in the condemned seat?" "Yes." "Oh, no; that never occurred to me. I never expected to be condemned for high treason. Some gentleman—I forget who he was—said I should be transported for fourteen years. I thought that was the worst they could do to me; for I knew I had never meant to do any harm, nor tried to do it." "Yes; but the judge and jury thought very differently." "Oh, I was very fairly tried; but I never

expected to be brought in *mad*. I was quite surprised at *that*, for I knew I was not mad, and I wondered how they were going to prove it." We asked him if he had ever seen *us*; to which he replied, gazing steadily, "Yes. I think I have—either at the Privy Council, or in Newgate Chapel." "Where did you sit on the Sunday when the condemned sermon was preached to Courvoisier?" "I sat on the steps near the altar!" "How were you dressed?" "Oh, a blue surtout, with velvet collar;" and he proceeded to describe his dress almost exactly as we have described it at the commencement of the article. He exhibits considerable cleverness: whatever he does, whether in playing at fives, or working, (*e. g.* making gloves, &c.,) he does far better than any one else, and shows considerable tact and energy in setting his companions to work, and superintending them. He admits that he committed a very great offence in having done anything to alarm the Queen, and attributes it entirely to a mischievous and foolish love of notoriety. He said, "I thought it would set every body talking and wondering;" but "never dreamed of what would have come of it—least of all that I was to be shut up all my life in *this* place." . . . "That list of conspirators, and letters from them, that were found in your lodgings—were they not real?" "Oh, no," he replied, with rather an anxious smile, "all mere sham—only nonsense! There was never anything of the sort!" "Then, why did you do it?" "It was only the folly of a boy; I wasn't nineteen then—it was very silly, no doubt." "And their swords and dresses, and so forth—eh?" "Entirely nonsense! It was a very absurd joke. I did not think it would come out so serious. I did not *appreciate* the consequences, or I never would have done it." The word "*appreciate*" he used with a marked emphasis.

We entertain no doubt whatever of his perfect sanity ; and, if so, as his crime was great, so his punishment is fearful.

[In a subsequent number the following note appears.]

A physician in a responsible official situation, affording him great opportunities for observation, has addressed to us a note, from which we extract the following passages. Our only object is to aid in eliciting truth ; and our anxiety to do so is proportionate to the difficulty and importance of the subject to which the ensuing letter has reference.

“ The article on Oxford and M'Naughten has interested me very much ; and though I cannot at all admit the principle of punishing a man for his misfortune, I am yet satisfied that the doctors have assumed too much, and have helped to let loose upon society some who have deserved hanging as much as any who have ever suffered the extreme penalty. The test of insanity, as laid down by the Judges on the solemn occasion to which you refer, is manifestly of no value ; for it is, I might almost say, *the exception* for an insane person *not* to know the difference between right and wrong. Many of them deliberately commit acts which they know to be wrong. Dadd killed his father and immediately fled to France to avoid the consequences of his crime ; and nobody ever doubted that he was one of the maddest, if not the maddest, of the mad. Touchet shot the gun-maker, not only with a full knowledge of the nature of the crime, but for the express purpose of bringing about his own death. He has entertained various delusions ; amongst others, the notion that certain passages of Scripture have special reference to himself personally ; and as regards those in actual confinement on account of their mental malady, the majority know perfectly well that it is wrong to tear, break, and destroy, to injure others, and to indulge their various mischievous propensities. So well satisfied are many of them that they are doing wrong, that they will try to conceal acts that they know are not permitted ; and, in this way, a propensity to bite, or kick, is indulged in only when it is believed that it can be done unobserved. It seems to me that, in these most painfully embarrassing cases, every one must stand on its own particular merits ; and, as neither judges nor doctors can say where sanity ends, and insanity begins, so no possible rule that can be devised will be alike applicable to all ; but the previous habits and course of life of the person accused, together with the absence or presence of any motive, will go far to remove the difficulties which necessarily beset the question. I am not at all prepared to say that, because any degree of mental disturbance has been shown to exist, a person

should be held *irresponsible*. It is a doctrine fraught with such dreadful danger to society, that it is very properly viewed with jealousy; but, when clearly proved that the mind was so far disturbed as to entertain delusions before and at the time of committing the offence, I would never resort to capital punishment. The Omniscient alone can tell how far the disease has gone, and to what extent the unfortunate being was really responsible for his actions to his fellow-men."

ARTICLE III.

A CASE OF AMNESIA. By THOMAS HUN, M. D.,
*Professor of the Institutes of Medicine in the Albany
Medical College.*

There are on record many cases of loss of memory of words, without a loss of memory of things and events.—The patient, in these cases, may have all his other faculties perfect, may understand readily what is said to him; his ideas may be clear, and yet he cannot find the words necessary to express these ideas. From an analysis of cases on record, it appears that this affection may exist in various degrees, which we may conveniently consider under different heads.

The simplest form is that in which the patient cannot recall the necessary words to express his ideas, though he understands well the words used by others, and can himself repeat the word when it has been pronounced before him. This is only an exaggeration of what may happen to any person, as when, in speaking, we hesitate

for want of the proper word to express our meaning, even when the word is perfectly familiar to us. A difficulty of recalling words, especially proper names, is one of the first indications of the failure of the faculties in old age.

In cases of disease, this is often much more marked, and may amount to a total forgetfulness of words, so that the patient's expressions are incoherent and unmeaning. In some cases, the loss of memory of words is complete, in others it extends only to some classes of words, and in others again it is only occasional in conversation. In the Transactions of the Phrenological Society, a case is related by Mr. Alexander Hood of a blacksmith who suddenly began to speak incoherently, and it was discovered that he had forgotten the name of every object in nature. His recollection of things seemed unimpaired, but the names by which men and things were known, were entirely obliterated from his mind, or rather he had lost the faculty by which they are called up at the control of the will. He retained his intelligence, and even made out by signs and hieroglyphics to dictate his will. He comprehended every word that was said to him, and could repeat the words pronounced before him, but they soon passed out of his mind. He remained in this state about four months, gradually recovering the use of language, and at the end of the above period was able to converse tolerably well.

Cuvier used to relate in his lectures, the case of a man who had lost only the memory of substantives, so that he could make out a phrase with the exception of these words, which he left, as it were, in blank.

I attended a lady who died of cancer of the brain, occupying, at the time of her death, the greater portion of the left anterior lobe. In the early stages of the disease,

she would often be unable to call the most familiar objects by name, and had to express herself by signs or by pointing at the object. When the word she wanted was pronounced before her, she recognized it, and was able to repeat it. As the disease advanced, this difficulty increased, and she at last fell into a state of mental imbecility. This case tends to confirm the opinion of Bouillaud, that these affections are connected with disease of the anterior lobes of the brain.

In these cases, there is not precisely an absence of memory of words, for the patient knows their meaning when uttered by others, but cannot recall them when he requires them to express his ideas. The power of articulation is perfect, for he repeats words uttered before him, and speaks, though incoherently. There is another class of cases, in which, with an inability of recalling words, the patient has lost, more or less completely, the power of articulation. I do not here allude to cases in which there is paralysis of the tongue, but only to those in which the tongue and other organs of speech retain all their movements, except those of articulation. This loss of speech is usually, and, as far as I know, always, accompanied by loss of memory of words, for the patient is unable to write as well as to speak, which would not be the case, if the difficulty lay only in the articulation. In these cases, the patient understands words, knows their meaning, but cannot recall them so as to write them, nor when they are pronounced before him can he repeat them. A case of this kind is related by Dr. S. Jackson, in the *American Journal of Medical Sciences*, which came on suddenly, and yielded readily to appropriate treatment.*

* The power of articulation is not always altogether lost in these cases, for the person often speaks, but he cannot pronounce particular words, as in the case I am about to relate.

There must be here a lesion of that portion of the brain concerned in the co-ordination of the movements of articulation, as well as of the portion connected with the memory of words.

The following case presents a peculiarity which is not noticed in any cases I have read, perhaps because the attention of the observer was not called to it.

M'Nelly, a blacksmith, aged about 35 years, is a man of temperate habits, and of fair degree of intelligence. Before the present attack he could read and write with facility. During the last eight years or longer, he has been laboring under a disease of the heart, which has caused repeated attacks of profuse hemoptysis. At intervals he has been able to work at his trade.

On the fourth of July last, he walked a great deal in the sun, and in the evening had symptoms of cerebral congestion. For several days he remained in a state of stupor, from which he could be roused to take his drinks and medicines, but, when left to himself, relapsed into state of unconsciousness. After a few days he began to recover from this condition, and to understand what was said to him, but it was observed that he had great difficulty in expressing himself in words, and, for the most part, could make his wants known only by signs. There was no paralysis of the tongue, he moved it in all directions, and could utter a few words with distinctness. He knew the meaning of words spoken before him, but could not recall the words he needed to express himself, nor could he repeat the words when he heard them pronounced.

He had the command over a few words, which he could recall and pronounce, and by means of which, together with signs, he endeavoured to make himself understood. He was conscious of the difficulty under which he was

labouring, and seemed surprised and distressed by it.— When he was endeavouring to express himself, if I pronounced the words he needed, he seemed pleased and would say, “Yes, that is it,” but was unable to repeat the word after me. If I pronounced it several times, he was still unable to repeat it, though he made great efforts to do so. He generally uttered words somewhat resembling those he was trying to pronounce. Thus far, his case resembled those mentioned by writers on the subject, but there was this peculiarity. After he had made fruitless efforts to repeat a word after me, I wrote it for him, and then he would begin to spell it letter by letter, and after a few trials was able to pronounce it. If the writing was now taken away from him, he could no longer pronounce the word, but after long study of the written word, and frequent repetition, he could learn it, so as to retain it, and afterwards use it. He kept a slate, on which the words he required most were written, and to this he referred when he wished to express himself. He gradually learned these words, and extended his vocabulary so that, after a time, he was able to dispense with his slate. He could read tolerably well from a printed book, but hesitated about some words.

When he was unable to pronounce a word, he was also unable to write it, until he had seen it written, and then he could learn to write as he learned to pronounce, by repeated trials.

It is now more than six months that he has been in this condition. His health is tolerable, with the exception of slight dyspnea, and some oedema of the legs, depending on the disease of the heart. He is continually learning new words, and can now make himself understood pretty well, though he often hesitates for a word, and employs circumlocution when he cannot recall the proper word,

somewhat as if he were speaking a foreign language, imperfectly learned. He can now readily repeat any word spoken before him, without seeing it written. His mind seems somewhat impaired, as we often see it in persons who have had an attack of *apoplexy*.

It would seem, from what precedes, that there is a portion of the brain connected with language, or the memory of words, as distinct from the memory of things and events. According to Bouillaud, this is situated in the anterior lobes of the brain.

There is another portion of the brain, on which depends the co-ordination of the movements of articulation. Its location is undetermined.

In a healthy person, the idea brings the memory of the word, and this again brings into action the nervous apparatus of articulation. If the idea does not suggest the word, and we hear the word pronounced, or see it written, then the impression made on the acoustic or optic nerve brings into action the nervous movements necessary for articulation. In the case of M'Nelly the impression made on the acoustic nerve was not sufficient for rendering articulation of the word possible; it was necessary the impression should be made on the optic nerve by the written word. Was this because of some more intimate connection between vision and articulation? or (which I think more probable) was it because the impression on the acoustic nerve was transient, while that on the optic nerve was more permanent?

I should have mentioned that he has not complained of pain in the head during his disease. I have repeatedly questioned him about pain in the frontal region, but his answers have always been in the negative.

ARTICLE IV.

DELIRIUM TREMENS.—BY HOWARD TOWNSEND,
M. D., *Albany.*

Of delirium tremens, medically considered, I have no new ideas to promulgate, nor do I propose to elucidate old ones, which reasons only I think should induce one to ask the time and attention of others upon any subject; but as regards delirium tremens, considered in a medico-legal point of view, I offer the following question, which has been submitted to me by a gentleman of the legal profession, which strikes me as decidedly a new one, and which, upon consultation with able authority, and reference to the best writers upon the subject, in works of Medical Jurisprudence, I find may be so considered:—

Is one sufficiently sane at any time during an attack of delirium tremens to make a will valid by his signature?

This is a question of no little importance, and one involving—as will be evident to those who have paid any attention to the study of the disease—many difficulties in its solution.

Were our knowledge of the nature of this malady less limited,—our ideas of it less vague, we might at once decide very conclusively upon an answer to the question; but, with our present information upon the subject, an answer must be given with care and reflection.

In commencing to reason upon this subject, we propose the following questions:—

1st. Is the mind, in this disease, absolutely affected and disturbed in its operations?

2nd. Is the disturbance of the mind of such a nature as to interfere with the responsibility of the individual suffering with the disease?

3d. Is the mental disturbance continuous throughout the disease?

Our answers to these questions will determine our conclusions upon the general question.

My own opinion—which on account of my want of experience, is proffered with diffidence—is, that the mind in this disease is absolutely affected and disturbed in its operations; that the disturbance is sufficient to interfere with the responsibility of the individual; and also that the mental alienation is continuous throughout the disease. My reasons I will directly give, but previously I must state that I have introduced this subject with no idea of deciding it by anything which I might offer or affirm; but rather to have it elucidated by arousing attention to it, and thus drawing forth the experience and the opinions of the profession at large. In this way we may obtain many valuable facts upon the subject, and from them be enabled to deduce very correct and positive conclusions.

In science generally, and more particularly in a science of so peculiar a nature as that of Medicine, every subject requires not only careful and repeated observation, but the careful and repeated observation of many individuals, in order to its thorough illustration.

In delirium tremens, though his symptoms are clearly marked, and ordinarily there is no difficulty in the diagnosis—the morbid appearances, upon examination after death, reveal little or nothing of its essential nature, and, as a general thing, no lesions can be found about the brain sufficiently important to lead us to conclude that any dis-

turbance had centred there. This, though, is an embarrassment which frequently meets us in the study of pathology, for in many diseases which we are called upon to treat distinctly as their symptoms, march and progress may be indicated, no traces of their devastation can be found after death.

All authority, however, concurs that always in delirium tremens the mind is disturbed in its operations, and the brain disordered in its normal functions, even though the morbid appearances be too slight to establish the fact.

Watson, in his work upon the "Practice of Medicine," in the chapter upon this disease, says, "With it there is always delirium, and there is generally, but not always, tremor." In speaking of the pathological anatomy of the disease, he adds, "Pure delirium tremens frequently leaves behind it no morbid appearances whatever in the brain, or its membranes. In some cases there is serous liquid collected in the interstices of the pia-mater, or in the cerebral ventricles; and I have, on several occasions, seen the arachnoid thicker, and less transparent, than is natural, and sprinkled over with little spots or streaks of milk-white color. Changes of this kind we believe to be owing to chronic inflammation of the brain; but, even in these cases, I see no reason for thinking that the fatal disorder had any connection with the morbid state of the arachnoid. We meet continually with like appearances when there has been no delirium tremens, and we have delirium tremens without any such appearances."

Solly, in his work "on the Brain," says:—"I believe we are justified in classing delirium tremens under the head of anæmic affections of the brain. The mental derangement in delirium ebriosorum is more allied to an

exalted, excited state of intellect; in delirium tremens it approaches fatuity and depression."

Dr. Ware, in an excellent treatise upon the disease, in giving an account of its symptoms, says, "these are, delirium, watchfulness, and tremor, of which the first is the most universally present, and most constantly."

But it is superfluous to multiply authority in proof of derangement of the mental operations in this disease, indeed the very name admits it sufficiently to render corroboration by authority or argument unnecessary: yet it is proceeding more systematically, first to determine that there is always mental disturbance in delirium tremens, before entering upon the discussion of the nature and extent of that mental alienation which is the subject of our second question, and which we will now proceed with.

There is a great difference both in the kind and degree of mental aberration in the different individuals affected with this disease. Whilst one is the raving madman, another will be so subtle in his lunacy, that it requires the closest attention to detect it. Still, even in the milder cases, the perversion of the understanding appears fully as decided as in those of a graver nature.—The mental derangement may differ in different individuals—may be greater in one than another, yet each will associate ideas equally incompatible, and each be equally disposed to view those incompatible ideas and wild imaginings as real truths, which condition of mind renders the individual, to use the legal term, *non compos mentis*, takes from him all responsibility. Blackstone, in his Commentaries, says:—"Madmen, or otherwise *non compotes*, idiots or natural fools, persons grown childish by reason of old age, or distemper, such as have their senses besotted by drunkenness,—all these are incap-

able, by reason of their mental disability, to make any will so long as such disability lasts."

Orfila says:—"Certainly the individual seized with this delirium is not responsible for his actions, and if he is to be punished for the immorality of his reprehensible acts, a large number of the insane must be included in a similar infliction."

In works of medical jurisprudence we find many criminal cases cited, wherein the individuals with this delirium upon them are considered irresponsible agents, but for civil cases I can find no authority; it is, however, unnecessary, for the conclusion is inevitable, that the mental alienation which takes from an individual his responsibility in one case, will do so, necessarily, in the other.

The clearest and fullest account of this malady, medico-legally considered, I have found in Beek's "*Medical Jurisprudence*." There are several cases cited there, those of Birdsall, Drew, and others, which fully illustrate the subject, in a criminal point of view.

That the mental alienation is continuous throughout the disease—the subject of our third question—is decidedly an unsettled point, and very naturally so; for, whilst in some cases there will be constant delirium, in others the mental aberration will be so slight, and at such distant intervals, that it would seem almost impossible to consider the individual otherwise than sane. But even in these lighter cases I am disposed to view the mental alienation continuous, because, so long as the malady lasts which disturbs the mind sufficiently to cause it in some instances to associate incompatible ideas, and to look upon wild fancies as real truths, just so long may it cause it in all; and the very fact of being estranged in certain mental operations should lead us to doubt the soundness of

them generally, and weaken our confidence in them even when they might appear to us most sane.

Carpenter, in a late prize essay on the "Use and Abuse of Alcoholic Liquors in health and disease," says, in speaking of this malady, "It is manifest that the disordered condition of the brain must be in the nervous pulp itself, and that it must be of a kind to *keep up* morbid and irritative activity, at the same time that the tissue is incapable of exercising those reparative functions which are carried on in the healthy condition." If this be so, then as long as this disease lasts, this morbid and irritative activity is kept up, which condition necessarily continues the mental disturbance, although the mental alienation may not be continuously evinced.

In Shakspeare's play of Hamlet we read these lines,—

" It is not madness

" That I have uttered : Bring me to the test,

" And I the matter will re-word, which madness

" Would gambol from."

Sir Henry Halford, one of the ornaments of our profession, an able physician, a profound scholar, and polished gentleman, has given a beautiful and classical description, in his essays, of the use he made of this truthful as well as poetical test. It is rather long to quote in full, and I will not garble it by giving only an extract.

If this test be used in delirium tremens, we will by it be led to conclude that the mental alienation is continuous throught the disease, for in most cases of delirium tremens,—according to my own experience I would say in all,—the individuals, upon recovery, are not only unable to "re-word," but also unable to recollect the most seemingly sensible ideas they may have given utterance to during the course of the disease.

If we were possessed of a collection of cases of this disease to refer to—faithful tableaux, to use the French

term—of the malady, I doubt not we would find the so called lucid intervals, sensible actions in appearance, without the authors of them being sensible in fact, and I think but few, if any, of them could be called lucid intervals according to the best standards. Lord Thurlow, who has with great clearness stated “what should be the state present to constitute an actual lucid interval,” says: “By a perfect interval I do not mean a cooler moment, an abatement of pain or violence, or of a higher state of torture—a mind relieved from excessive pressure; but an interval in which the mind, having thrown off the disease, has recovered its general habit.”

Haslam says: “I should define a lucid interval to be a complete recovery of the patient’s intellect, ascertained by repeated examinations of his conversation, and by constant observation of his conduct, for a time sufficient to enable the superintendent to form a correct judgment.”

D’Aguesseau, one of the great names in French jurisprudence, thus defines a lucid interval:—“It must not be a superficial tranquillity, a shadow of repose; but, on the contrary, a profound tranquillity, a real repose. It must not be a mere ray of reason, which only makes its absence more apparent when it is gone,—not a flash of lightning which pierces through the darkness only to render it more gloomy and dismal, not a glimmering which unites the night to the day; but a perfect light, a lively and continued lustre, a full and entire day, interposed between the two separate nights of the fury which precedes and follows it, and, to use another image, it is not a deceitful and faithless stillness which follows or forebodes a storm, but a sure and steadfast tranquillity for a time, a real calm, a perfect serenity; in fine, not looking for so many metaphors to represent our idea, it must be not a mere diminution, a remission of the complaint, but

a kind of temporary cure, an intermission, so clearly marked, as in every respect to resemble the restoration of health."

Taking these quotations as standards of what a lucid interval should be, would not intervals of repose be a better expression for the moments of calm intervening during an attack of delirium tremens.

But few medical writers on delirium tremens allude to the continuousness of the mental alienation throughout the disease, or speak at all of lucid intervals. After looking over the writings of many authors, I cannot quote satisfactorily but one who speaks with any degree of clearness upon the subject:

Falret, in his *Bibliothèque du Médecin Practicien*—a work now publishing in Paris—Vol. 17, page 487,—after having described in detail the symptoms of this disease, says: "In fine, after a sleep more or less prolonged, the return to reason is complete, the amelioration however is not always permanent, the disease will sometimes reappear in twenty-four hours." This, though positively stated, is done apparently loosely and without much reflection. He gives no cases in proof, and I can find no similar experience.

Under my own medical charge, I have had some cases where the intervals of repose were much prolonged, and the mental alienation slight, and where, had I seen the patients only during the periods of repose, I should have perhaps left them without a suspicion of mental disturbance.

I will copy from my note-book two cases which will illustrate this point.

A man came into my office one morning, last June, whose appearance indicated nothing which led me to suppose that he had come to see me professionally.—

Having requested him to be seated, I addressed some words of conversation to him, to which he replied in a very proper manner. In the course of conversation he told me that he was a journeyman printer, and I found him to be—like most persons engaged in that occupation—a man of much information and intelligence. I had continued talking with him for some five minutes before I discovered anything about his manner or conversation which led me to suppose that he was otherwise than sane. I only wondered, he being a stranger to me, what had brought him into my office. At the end of that time, however, he made some strange remark, which led me to look upon him as rather erratic and eccentric in his ideas, and then continued conversing as rationally as before, but he soon returned to that point, and appeared more eccentric still, and in a short time I found him to be decidedly crazy, and suffering under an attack of delirium tremens, with which he continued to be affected for two days, having though, throughout the attack, similar intervals of repose. Upon his recovery, he had no correct or clear recollection of his seemingly rational conversation with me.

Another case was that of a woman in the Albany jail, where she had been placed on account of having been found drunk in the streets. I had been called in to see another patient, confined in the same room, when this woman came up to me, and begged that I would listen to the history of her grievances, which she told so rationally, and apparently truthfully, that I never suspected any mental disturbance, until in the midst of her narration, she stopped suddenly, became very much agitated, and pointing to a coil of chain on the floor, which was sometimes used to secure the prisoners, begged that I would protect her from “those snakes just preparing to

spring upon her." Having composed and quieted her by assuring her that her fears were groundless, she continued her story, as calmly and rationally as before, only occasionally being interrupted on account of the fancied incursions of the snakes. Under appropriate remedies she soon dropped asleep, and awoke, in some five or six hours, well. This was the only sign of delirium tremens, excepting a restlessness in her manner, which I could detect. Had I left her before she became alarmed about the snakes, I would have left her thinking her sane, yet my subsequent knowledge of the case proved to me that she was an irresponsible person.

In conclusion, it may be considered proven, that in delirium tremens the mind is always affected and disturbed in its operations, and that the mental disturbance is of such a nature as to render one irresponsible. Then if it be decided that the mental alienation is continuous throughout the disease, the following will be the natural deduction, that one ill with delirium tremens is incapacitated, on account of the mental derangement, for making a will valid by his signature, and that the incapacity exists so long as the disease lasts. Consequently, a will signed by an individual at any time during an attack of delirium tremens is invalid.

ARTICLE V.

REMARKS ON COTTAGES FOR CERTAIN CLASSES OF PATIENTS, IN CONNECTION WITH HOSPITALS FOR THE INSANE.—By THOMAS S. KIRKBRIDE, M. D., *Physician to the Pennsylvania Hospital for the Insane.* (With a plate.)

Ample experience teaches that of all the cases of insanity that occur, a large majority can be treated advantageously only from home, and among strangers, and that generally, the discipline and arrangements of a well regulated Hospital are necessary to obtain all the benefits that can be expected from the proper treatment of this class of maladies.

On this account, all persons, in every community, no matter what may be their rank or station in society,—no matter whether among the most opulent or the most indigent class, whether they have had the highest mental cultivation or are living in ignorance,—all have a direct interest in the character of the institutions provided for the treatment of mental diseases, and in exerting their influence to give to all of them the greatest degree of efficiency, for no one can say with certainty, that he or some one of those most dear to him may not some day be compelled to resort to them for relief from a serious affliction.

There are three classes of institutions in the United States receiving insane patients, and having special provision for their treatment. Of these the oldest are private

charitable institutions, incorporated by State legislatures, either branches of Hospitals which also provide for the ordinary sick, or devoted to the care of the insane alone, and supported by benevolent citizens, and governed by managers selected by their contributors. The first Hospital furnishing special accommodations for the insane in the United States was of this class, and was established in 1751. All these institutions receive pay patients. Some admit no other kind, although at rates varying according to the pecuniary ability of the applicants and the style of accommodations required, while others receive as many as one-fifth or one-sixth of their whole number without charge of any kind, the expenses of their support being defrayed from the vested funds of the institutions. The most numerous kind of institutions are the State Hospitals, which are every year increasing in number, and in which by far the largest number of patients are now received. Few, if any, of other descriptions are likely hereafter to be established, unless in very populous and wealthy communities.

Into the State Hospitals all classes of citizens are received—some paying their own board, but the majority supported either by appropriations from the State Treasury, or by the counties or townships in which they reside. Belonging to this class may also be added the Hospitals for the Insane connected with the Alms-Houses of a few of our large cities. The third variety of institutions for the insane consists of the private establishments, belonging to, and governed by individuals, commonly medical men, receiving pay patients alone. There are but few institutions of this kind in the country, and although those which have been established have generally been well conducted, public sentiment is decidedly averse to any material increase of their number.

From the preceding remarks it will be inferred that in most sections of the United States patients of every description must of necessity resort to the two first classes of institutions, and in connection with them it is highly desirable that such provision should be made as will induce all who may be afflicted with mental derangement to resort to them for relief whenever the exigency of the case seems to demand such a course.

There seems to be no good reason why persons possessing ample fortunes, and accustomed to all the comforts and luxuries which wealth can procure, should not, when insane, continue to enjoy as many of them as are not likely to prove injurious. Those who have the ability and the inclination to pay for them should be able to find, when their minds become diseased, in connection with some of our institutions, large and airy apartments, handsomely furnished, with provision for ample attendance—private tables—separation from other invalids—with means for enjoying the visits of friends, without interfering with the comfort of others.

Without some such provision as has just been referred to, it is not to be disguised that insanity frequently occurs in individuals who let the loss to them be what it may, will not be sent to a hospital until the best period for treatment has passed—not, in reality, until their friends regard their cases as hopeless, and consider them as leaving home to find a permanent asylum, rather than to receive the curative influences of judicious early treatment.

Excellent as are the accommodations in many of our public institutions, few have exactly what would tempt this class of patients to leave home, and give up the prejudices which are keeping them from deriving those important benefits which nearly always result from prompt

treatment in a modern Hospital. Besides these, individuals frequently apply for admission who labour under such slight mental disease that it is not deemed advisable to place them in an ordinary ward, and who nevertheless might be much benefited by the seclusion, regimen and discipline of such an institution.

A few cases of habitual intemperance seemed determined to take their last chance for reformation within the walls of a Hospital for the insane, and though fully advised of the objections to such a course, insist upon giving it a trial. Success rarely attends these experiments, because surrounding circumstances and the want of suitably located apartments are apt to discourage them from persisting in that long course of abstinence which is necessary to give even a hope of permanent reformation.

One of the most effectual plans to meet the views and requirements of these different classes would consist in the erection of a limited number of cottages on the grounds of our large institutions, connected with the main building only by a covered way, and while distant enough for privacy, not so much so as to deprive them of the many advantages resulting from proximity.

From the conviction of the correctness of these views, and of the importance of such an arrangement, the cottage, figured in the plate, was put up on the grounds of the Pennsylvania Hospital for the Insane, near Philadelphia, in 1847, and since that time has been in constant use, answering admirably all the purposes for which it was designed.

The building is of the plain Italian style of architecture, one story high, 46 by 25 feet, with a piazza 7 feet wide, extending along its whole front. It is built of stone, rough cast on the exterior to resemble the other buildings, and is battened on the inside to promote dryness. It may

be used either by one or two patients, with their special attendants, as may be desirable. A is the parlor, 12 by 15 feet. B B are patients' chambers, 14 by 14 feet, communicating by a narrow door, having an inspection plate in it, with the attendants' rooms, C C, 7 feet 6, by 14 feet. D is the bath room, E is the clothes room, and F is the water closet.

The ceilings are twelve and a half feet high, and the patients' chambers have ventilators, communicating through a shaft with the external atmosphere. The upper sashes of the patients' chamber windows are of cast iron, and rise and fall six inches; the lower are of wood, and move in their whole extent. Opposite these last is a light ornamental wrought iron screen. All the windows have inside shutters, the floors are handsomely carpeted, the whole is furnished in good style, and has the air of a neat and comfortable private residence. A hot-air furnace, warming the whole building, is in the cellar, and in the gas pipes cast iron has been substituted, with good effect, for the sheet iron commonly employed. There are two chimneys, one for gas, the other for ventilation; they are ornamental in their form, rise six feet above the roof, and are made of cast iron, which bids fair to supersede brick and other materials in the construction of tops for such chimneys.

The cottage is 38 feet from the west end of the south return wing of the main edifice, adjoins the ladies' private yard on the east, and on the west fronts a beautiful grove, and overlooks the farm and pleasant scenery beyond.

Although cottages may be desirable for a limited number of those who do or ought to resort to our Hospitals for the Insane, it is also quite certain, that such an arrangement is not important, nor would it be likely to prove useful for the great majority of patients. Some are always desirous of having entire privacy, and yet may not be benefitted by it; the society of other patients is commonly solicited, and very often those who occupy detached cottages will esteem it a favour to be permitted to visit the general wards, in which there is greater variety and more to amuse. It may be readily understood, however, that those who are most fond of the occasional

company of others may appreciate the privilege of having quiet detached apartments to which they can retire when they feel the disposition, and where, with proper attendance, they can pursue their favourite occupations, and receive their friends without feeling that they are trespassing upon the rights and privileges of others.

In cases of serious illness, lasting for a considerable period, such arrangements contribute materially to the comfort of patients, and permit the constant presence of members of their families, without inconvenience or disadvantage to others.

If but a single patient occupy such a cottage, two attendants should be employed—one with character and qualifications to be regarded as a companion, the other to attend to the more laborious class of duties. Where two patients use the building, and have a common parlour, one attendant for each will be found sufficient.

In selecting the site for such cottages as have been suggested, care should be taken to choose those that have pleasant views from them, and sufficiently near the main building to admit, without inconvenience, of that constant and varied supervision, which is of the utmost importance, and which can never with safety be neglected in any part of an institution for the insane. Dry walks and covered ways are desirable to facilitate intercourse between the cottages and main buildings, especially in inclement weather, and as already suggested the patient or patients should never be left without an attendant.

A few such cottages in connection with those institutions that receive wealthy patients, especially those near our large cities, would rarely be without occupants who would be glad to pay liberally for such accommodations, and who, with them, would be under as little restraint, and subjected to as few annoyances as they would be anywhere. The friends of such patients too, would feel that while they were deriving all the advantages that could reasonably be expected from a residence in a hospital, they were in the enjoyment of as many as possible of the comforts and conveniences to which they had been accustomed at home.

BIBLIOGRAPHICAL NOTICES.

ART. VI.—*Code of Rules and Regulations for the government of those employed in the care of the Patients of the Pennsylvania Hospital for the Insane, near Philadelphia, 2nd Edit. Prepared and printed by authority of the Board of Managers. 12mo. Philadelphia, 1850.*

In every well regulated Asylum, rules and regulations like those contained in this pamphlet are required, and the only question is, whether they shall be verbal, written, or printed. Of the advantage of the latter alternative there can be no doubt.

Dr. Kirkbride, in his introductory remarks, informs us that the history of the institution extends back to 1752, when a part (a wing) of the Pennsylvania Hospital was devoted to the care and treatment of the insane. The present building was opened for their reception on the first day of 1841, since which 1753 have been received, and 821 have left, restored to perfect health, whilst a large number have returned home, with various degrees of improvement.

The following remarks are conceived in a fine spirit.

"Insanity is no respecter of persons; no one can claim an entire exemption from it; and none of us know how soon we, ourselves, or some of our dearest friends, may require the very attentions we are now giving to strangers. Let us ask ourselves, when almost worried out with our charge—when on the point of forgetting that we have to do with those who are not responsible for their actions—what kind of treatment we would wish for ourselves or our relatives, when similarly afflicted, what steady kindness, what persevering attention, what delicate sympathy under all circumstances—and we shall know what is due to others. Never let us forget that motto, which, above all others, is appropriate in every institution for the insane—"ALL THINGS WHATSOEVER YE WOULD THAT MEN SHOULD DO TO YOU, DO YE EVEN SO TO THEM."

"Come what may, the law of kindness must be the governing one in this institution, and all other qualifications will pass as nothing, if the disposition to carry out this law is absent. Those who do not at heart adopt this sentiment are unfit to take charge of the insane, and those who violate this principle are not wanted here; they are unfaithful to their trust, and can never do themselves credit in taking care of such patients, nor aid in promoting the prosperity of this institution.

"It will almost invariably be found that, where we cannot succeed in our object by mild measures, force will fail, and disputes, violence, and recriminations are always productive of injurious effects. To perform properly the duties of any station connected with the insane, requires high moral feelings, great self-denial, and a severe schooling of the temper and disposition. If this is thoroughly done, every one is enabled to become highly useful in one of the most exalted fields of benevolence. Simply to perform special duties is not all that we require; we wish to see an active interest felt in all the patients—a desire to add to their comfort in every way, and to advance their cure—steady efforts to interest or amuse them—a watchful care over their conduct and conversation, and a constant sympathizing intercourse, calculated to win their attachment, and command their respect and confidence.

"All situations about the insane are well known to be arduous and responsible, but a faithful performance of duty in any one of them cannot fail to give a kind of character that must prove useful in other walks of life; and it is sincerely hoped that many who may be employed hereafter in this institution, like not a few who have left us, will in after years look back with satisfaction, not only upon the good they have been instrumental in conferring upon their suffering fellow-beings, but upon the direct benefits they have themselves derived from a residence in the institution."

From among the various duties pointed out we select the following.

"DUTIES OF THE TEACHERS.—The teachers are expected to make themselves companions to the patients, and in the performance of their duties to aid in the supervision of the wards.

"They will pass through the different wards frequently in each day, will advise the patients in the selection of books, encourage them to engage in the different kinds of employment, suggest means of amusement, and by their conversation and example do all in their power to promote their happiness, and aid in carrying out the wishes of the physician.

"As may be directed by the physician, they will impart instruction to certain patients, read and superintend amusements, in the different wards at stated hours, and take such part in the entertainments in the lecture-room as may be deemed desirable.

"They will, while in the different wards, carefully observe the general treatment of the patients, and they are to suggest to the attendants whatever they think will add to the comfort of the patients or the tranquillity of the wards, and will report any neglect or improper conduct that may come under their notice.

"They will keep a journal of their observations, which they will place in the office, each morning, for inspection by the physician previous to his regular visit."

ART. VII.—*Fourteenth Annual Report of the Directors and Superintendent of the Vermont Asylum for the Insane.*—*Sept. 1850. Svo. Rutland, 1850.*

Of the sixteen hundred and nine who have partaken of the benefits of this institution, twelve hundred and eighty-one have been discharged. Of this last number, seven hundred and forty-five have recovered. There were

three hundred and eighteen patients at the commencement of the year, one hundred and fifty have been admitted, and one hundred and forty discharged. They are thus classified :—

Recovered.	79		Not Improved, ...	19
Improved, ...	16		Died, ...	26
Total,				140

Dr. Rockwell is usually brief in his reports, and a few extracts will hence give a tolerably full idea of the subjects which he notices.

"Great care has been exercised in the selection of those attendants, and those only, whose temperament, tact, industry and intelligence qualified them for their important trust. We have generally been very fortunate in selecting suitable persons.

"It is comparatively easy to procure those who will bestow proper care and attention on such as are intelligent and make little trouble; whose delusions do not disturb others, and who are capable of making known their wants and exposing those who do not attend to them. It is more difficult to find those who will never neglect the demented, whose conduct and habits are repulsive, whose dispositions are violent and perverse, and who appear incapable of appreciating any acts of kindness. Those persons only who are actuated by some higher and purer motive than mere selfishness, are qualified to take care of this unfortunate portion of the community.

"The addition to our garden and pleasure grounds, in front of the Asylum, which has recently been purchased, will furnish pleasant and useful employment to our male patients. The laying out of the walks, transplanting shade-trees and shrubbery, and keeping them in good order, will require much time and attention, and will afford agreeable exercise to those who have a taste for this kind of employment.

"The purchase of the wood-land will furnish employment for another class of patients for whom it is difficult to procure sufficient occupation in winter.

"The whole farm is valuable to the institution from its additional income; but its chief value consists in its furnishing active exercise and healthful labor for so many of our male patients, whose previous habits and occupations make this an agreeable employment.

"Our carpenter's shop is very useful for those who have been mechanics.—The number of our patients has increased so that a considerable number will be benefited by being allowed to do something in their customary occupation. In an institution of this kind there will always be much mechanical labor needed in repairs, and there will always be patients who will cheerfully perform the same if an opportunity is given them. The consciousness of having done something for the benefit of others as well as for themselves, affords them much satisfaction. But the greatest benefit consists in diverting their minds from other delusions, and in awakening a train of natural associations. We have constantly shoemakers who are pleasantly occupied in the shoe-shop in making and repairing shoes.

"As a general rule we allow our patients a full and nutritious diet. It makes them quiet and contented, and conduces to their recovery. The only exception is where some physical disease requires a prescribed and regulated diet.—Where the insanity is complicated with scorbutic and scrofulous affections, and where it is produced by debilitating causes, nutritious and generous food is indispensable.

"The absolute necessity of heating and ventilating hospitals in such a manner as shall afford a large supply of pure fresh air, is well known and appreciated."

ART. VIII.—*Reports of the President and Resident Physician of the Maryland Hospital (for the Insane), for the year 1850. Baltimore. 12 pp.*

The brief reports contained in this pamphlet, and which is the first printed notice that has come under our observation of the Maryland Institution, speak of an improvement both in its medical and economical management. The numbers under care were,—

	Males.	Females.	Total.
On the 1st of Jan'y, 1850,.....	64	69	133
Admitted during 1850,.....	28	15	40
	89	84	173

The results were:

Discharged recovered, ...	8	6	14
“ Improved, ...	5	2	7
“ Unimproved, ...	3	2	5
“ Died, ...	5	1	6
Remaining, Dec'r 31, 1850.....	68	73	141
	89	84	173

Dr. Fonerden, the Resident Physician, states, that twelve colored patients are remaining under cure, five males and seven females. They are all free except the females.

The diseases have been altogether those of a chronic nature. One of the deceased patients has been an inmate more than fourteen years.

Whenever the weather would permit, the patients have been allowed daily outside exercise, and females have had employment when they desired it.

Dr. Fonerden complains of the want of a proper apparatus for warming the rooms of the patients during the winter—at least in parts of the building, and also that the supply of water is not sufficiently abundant. With the improvement of the finances of the institution, he hopes that their most important wants may be supplied.

We regret that he should be obliged to add, that the present accommodations are insufficient to meet the increased applications for admission. Before long, he is apprehensive that the “Hospital will soon be wholly occupied by patients, whose permanent residence will be therein, to the entire exclusion of recent cases of insanity, except as death may make vacancies.”

S E L E C T I O N S .

ROYAL EDINBURGH ASYLUM FOR THE INSANE.

According to the report of last year, the number of patients treated was 738, and at the close of the year, there remained, as inmates, 476. Of this latter number, upwards of 380 were employed daily, and sometimes as many as 100 working in the open air, in the extensive grounds of the Asylum. "Among these," says Dr. Skae, "may be daily seen many of the most violent and destructive of the inmates busily engaged in the wheeling earth, manure or stones, who for years have done little else than destroy their clothing, or spend their days and nights in restless agitation, or incoherent raving. The strong necessity which appears to exist in many cases for continual movement, or incessant noise, seems to find vent as naturally in active manual labor, if it can with any propriety be substituted and regulated." And a curious illustration of this is given in the case of one of the most violent, restless and unmanageable inmates of the Asylum, during the past year, whose calling was that of a miner. He was tall and muscular, and occupied himself, if permitted to mix with others, in pursuing his fellow patients and fighting with them; if left alone in the airing courts, in running round and knocking his elbows violently against the stone walls, and if secluded, in violent vociferations, and incessant knocking on the wall.—I directed him to be sent to the grounds, and employed with the wheel-barrow—a special attendant being entrusted with him on his *debut*. Hard work seemed to be all he required. He spent his superfluous energies in wheeling stones; he soon proved himself to be one of the most useful and able bodied of the awkward squad, and ere long was restored to his natural condition—that of a weak-minded, but industrious coal miner.

"Oakum-picking proves a useful occupation, not only for imbeciles capable of no higher industry, but for malingerers and idlers, who were soon anxious to escape from

it into the shoemakers', tailors', blacksmiths', or carpenters' shop. In the same manner, females have been gradually broken into habits of industry hitherto unprecedented. Those who have done nothing for many years but mutter to themselves, or crouch in corners, now sew or knit from morning to night. Knitting, sewing, straw-bonnet making, and other occupations, are carried on throughout the house to such an extent that, I fear, in a very short time, unless some outlet is obtained for exportation, we shall be at a loss to know what to do. In addition to the usual handicraft employments, which are all practised in the establishment, it is interesting to observe that some patients occupy themselves in drawing, engraving, and land-surveying. A considerable portion of one of the houses has been elegantly painted, and in part re-furnished, by the patients.

"The various sources of recreation and healthy amusement of former years have continued in full operation during the past. The monthly periodical, written by the patients, has been entirely printed by them, with the exception of one or two numbers, there having been no hired printer in the establishment during the greater part of the year. The circulation of our little journal has been extended, and the profits continue to afford a liberal supply of newspapers and periodicals. The weekly balls and concerts preserve their popularity in the house, and have been varied from time to time by such changes as were calculated to increase the interest and amusement afforded. During the summer season, walks and drives in the country were frequent, and an occasional pic-nic party afforded, as heretofore, its healthful influences to body and mind."

The Report throughout does great credit to Dr. Skae; but we have selected this portion for notice, as being more than commonly interesting and suggestive. The useful occupation of the faculties with which God has endowed us is a remedial agent of powerful efficacy in more cases of mental malady than are received into an insane Asylum.—From *Chambers's Edinburgh Journal*, Oct. 5, 1850.

VALIDITY OF THE TESTIMONY OF A LUNATIC.

Samuel Hill, a keeper at Armstrong's Peckham House Asylum, has been committed on a charge of manslaughter, for causing the death of Moses Barnes, one of the pauper inmates, by violent ill treatment. The coroner, before whom the inquest was held, had rejected the evidence of the inmates on account of their incapacity as lunatics. At Lambeth Police Office, Mr. Norton overruled this objection, and one of the inmates, the chief witness, Donelly, an Irishman, is stated to have given his evidence as satisfactorily as if he had been "Cardinal Wiseman, or the Bishop of London." He stated that the deceased was sulky, and would not go to bed, when the prisoner took him up in his arms, and then threw him down on the floor, with such violence as to break his right arm and four of his ribs. These hurts were allowed to pass by for four days, untended, and the consequence was they ended fatally. The Commissioners of Lunacy instituted the investigation before the magistrates, who, on committing the prisoner, refused to accept the bail.—*Atlas*, (London Newspaper,) of January 25, 1851.

We shall endeavour to procure the future proceedings in this case, and meanwhile beg to submit the following question to the consideration of Superintendents of Lunatic Asylums. *Ought the testimony of Lunatics ever to be received, and if so, under what circumstances, and under what restrictions?*

[Since writing the above we have received the trial entire.]

CENTRAL CRIMINAL COURT, LONDON, FEB'Y 3, 1851.

Charge of Manslaughter.—Samuel Hill surrendered to take his trial for the manslaughter of Moses James Barnes.

The evidence which was given at the coroner's inquest and at the examination before the magistrates was then adduced.

Upon Mr. Bodkin proposing to call Donelly, the lunatic patient, as a witness, Mr. Collier said he should submit to the Court that enough appeared upon their lordships' notes to make it quite clear that he was not an admissible witness, as being a lunatic.

Mr. Justice Coleridge said, that unless the learned counsel could cite any case in which it had been ruled that a lunatic of the character of this person was not a competent witness, the Court should certainly receive his testimony, and reserve the point for further consideration if such a course should become necessary. He believed the question had never been decided.

Mr. Collier admitted that he was unable to cite any decision, but he apprehended that it was contrary to every principle of the English law that a lunatic should be permitted to give evidence.

The Court said that they should allow the witness to be examined if it should appear that he was aware of the nature of the obligation of an oath, and upon that point they would allow the learned counsel an opportunity to examine him upon the *voire dire*.

Richard Donnelly, the person referred to, was then brought into court, and was examined by Mr. Collier.

In answer to the questions that were put to him he said he was aware that he had a spirit. He said that he had twenty thousand spirits; they were not all his own spirits, and he did not know whose they were, but he would inquire. His own spirits, he said, he could recognise as being those which ascended from his stomach to his head, and those which were as his ears. He considered that these spirits were created by the palpitation of the nerves.

Mr. Collier asked him whether these spirits ever spoke to him? He replied that they did incessantly, and particularly at night. In answer to further questions of the same kind, he said he believed that these spirits were immortal, and that they would live after he was in the grave.

Mr. Collier inquired if he was aware where these spirits came from? He said that he believed they came from various directions and from various people. He believed that some came from the Queen, for she was in the habit of constantly visiting him. He also said that Luther and Calvin, and "all those controversial spirits" occasionally came to visit him, but he said there was goodness in them. These spirits were often speaking to him, and they were speaking to him now. He was not

himself a spirit, but flesh and blood, and when his body went to the grave his spirit would survive him.

Mr. Collier : Where do you expect your spirit will go when you are dead ?—Donelly : I cannot say, perhaps to heaven, or perhaps to purgatory.

Mr. Justice Coleridge : Do you believe in purgatory ? Donelly : I do ; I am a Roman Catholic, and I have been brought up in the fear of purgatory from my infancy.

By Mr. Bodkin : I understand the meaning of taking an oath. I have been taught by my catechism that it is lawful to swear for God's honour and my neighbour's good.

Mr. Bodkin : What does a man do when he swears ?—Donelly : I consider an oath is an obligation imposed upon men for the good of the law.

Mr. Bodkin : Do you appeal to any body when you take an oath ?—Donelly : Certainly. I appeal to the Almighty, and I believe that, if a man take a false oath, he will go to hell to all eternity.

Mr. Collier was then about to re-examine the witness, but Mr. Clarkson intimated that he had no right to do so, and he at the same time complained that the learned counsel had not put a single question to the witness applying to the point whether he understood the nature of an oath, but that all his questions related to subjects calculated to excite the witness.

Mr. Collier denied that he had any such object, and said it appeared to him that all inquiries he had made tended to ascertain whether the witness really understood the sacred obligation of an oath.

The Court then ruled that the witness should be examined.

Donelly was accordingly sworn : He said I am an Irishman. I have been in the establishment at Peckham four years and four months yesterday. I went in on the 14th of October. I used to be in the infirmary occasionally. I knew the deceased man, Barnes, and I used to attend upon him. Taylor and Atwood were two other patients in the infirmary. I knew the prisoner. He was one of the keepers. I remember a little time before Christmas-day, at bed-time, that the deceased would not go to bed. He did not like going to bed, and I told Hill,

the prisoner, on this night, that he would not go to bed. The prisoner went up to him as he was sitting on the bed, and laid hold of him to put him to bed, and he threw him rashly upon the floor, and they both went down together, and the patient was "hurt." I knew that he was hurt, by the report of the doctor, and my own observation that his hand was swelled. They both got up together, and Barnes was then put to bed, and I said to him, shortly afterwards, "You have got your Christmas-box." Barnes complained to me after this that he was hurt, and I examined him, and thought his collar-bone was broken. I saw Hill, the next morning, when the patients were washed and dressed, but I am not sure that Barnes complained at that time. I believe that I dressed Barnes after this, in Hill's presence, and that he heard him complain of pain in his arm, and upon one occasion Hill lifted the arm up in Muncaster's presence, and when he left go of it the arm fell down, as though it was dead or powerless.

By Mr. Collier: The deceased objected to the other patients undressing or dressing him, and we frequently disagreed about it. The prisoner, however, used to put him to bed whether he liked it or not. Sometimes Barnes would let them dress him, and sometimes he would not. Atwood and Taylor used to assist in dressing and undressing him. Atwood was a man whose passion was very easily raised, and I have frequently seen him very angry with the deceased, and once he pushed him down upon a form, and the prisoner interfered and checked him. I believe that upon another occasion he laid hold of Barnes, and struck him. Taylor is also a very passionate man, and the only way to keep him quiet is to give him tobacco. He is apt to be very violent if you don't look after him, but yet he assists both the keepers. I, myself, thought the occurrence took place on the Monday before Christmas-day, but the spirits went to make me believe it was Tuesday.

Mr. Justice Coleridge, (to the witness): Is the account you have just given us of the transaction, an account of what you yourself saw, or is it what these spirits have told you took place? Donnelly: My lord, I have only

told you what I myself was an eye witness of. The spirits only went to make me believe that I am mistaken in the day, and that it was Tuesday instead of Monday. (The occurrence in reality did not take place on the Monday.)

The jury, after deliberating a short time in the box, retired. After being absent about half an hour they returned into court, and gave a verdict of Guilty ; but at the same time strongly recommended the prisoner to mercy, on account of his previous good character.

Mr. Justice Coleridge said that judgment would be postponed, in order that the opinion of the judges might be taken as to the admissibility of the evidence of the witness Donelly.

We shall look with great interest for the opinion of the Judges on this remarkable case.

LAW OF LUNACY.

We understand, that at the instance of the American government, Dr. Forbes Winslow is actively engaged in preparing an analysis of the English Law of Lunacy.—Dr. Winslow is also requested to make any suggestions that may occur to him in the course of his enquiry relative to an amendment of the said law. We trust, when Dr. Winslow's labours are brought to a conclusion, that the result of his investigations will be submitted to the British government, in order that they might adopt any valuable suggestion it may contain for an amendment of our own defective laws, in regard to the arrest and detention of persons said to be insane.—*Morning Chronicle*, (London Newspaper.) [*The above is, of course, incorrect. The leading statement must be so. There is, however, an explanation that has occurred to us, which may prove an apology, but, we prefer not to hazard it at present.*—Ed. Journal of Insanity.]

DOMESTIC SUMMARY.

PENNSYLVANIA STATE LUNATIC HOSPITAL AT HARRISBURG, PA

Governor Johnson, of Pennsylvania, has appointed Dr. Luther Riley, of Harrisburg, Dr. Campbell, of Fayette County, Hon. J. Konigsmacher, of Lancaster, Drs. J. K. Mitchell, T. S. Kirkbride, and J. R. Burden, of Philadelphia, Drs. Rutherford, and Roberts, and Aaron Bambaugh, Esqr's. of Harrisburg, Trustees of this Institution, just being completed. The Members of this Board held their first meeting at Harrisburg, on the 14th of February, 1851, and organized by electing Dr. Reilly President of the Board, and Aaron Bambaugh Secretary. Dr. John Curwen, of Philadelphia, for several years the Medical Assistant of Dr. Kirkbride, at the Pennsylvania Hospital for the Insane, near that City, was elected Superintendent of the Institution, and has entered upon the performance of the duties of his office. We regard this selection as a highly judicious one, Dr. C. being well fitted by character and education for such a post, having had large experience in the care of the insane, and being entirely familiar with the wants of a well regulated Hospital for their treatment. By the law establishing this Institution, the Superintendent is entrusted with the selection of the other officers, and is not removable except in cases of incompetency or misconduct in office, but in periods of ten years. The Board of Trustees also elected John A. Wier, Esq'r, of Harrisburg, Treasurer of the Hospital, and established the following scale of salaries: Superintendent, \$1,500 per annum; Assistant Physician, \$500; Steward, \$500; Matron, \$250;—all with board in the Institution. The Treasurer does not reside in the Hospital, and receives \$250 per annum for his services. The Trustees resolved that the Hospital should be opened for the reception of patients on the 1st of June, 1851. The present building will accommodate 250 patients, and the wards about to

be put up for the more excited class will enable it to receive 300. We cannot but express our satisfaction that the great Commonwealth of Pennsylvania, whose citizens were the pioneers in making provision for the care of the Insane, in the United States, after leaving their treatment for just about a century to private charitable institutions, should now have made so auspicious a commencement of her effort to provide accommodations of a high order for all the indigent insane within her borders. We hope in a future number to give our readers a full description of this building, which we hear spoken of with commendation.

DR. J. EDWARDS LEE, formerly Assistant Physician in the New-York State Lunatic Asylum, has been elected to the same post in the Pennsylvania Hospital for the Insane at Philadelphia, in place of Dr. Thomas J. Mendenhall, resigned.

DONATION TO THE McLEAN ASYLUM.—The Hon. William Appleton, of Boston, has given the princely sum of \$20,000 to the McLean Asylum for the Insane, situated at Somerville, near this city, of which institution he has for many years been a director, for the purpose of constructing additional buildings for the more perfect classification of the inmates of the Asylum.—*Boston Medical and Surgical Journal*, November 20, 1850.

“THE OPAL,” a monthly newspaper edited entirely by the patients in the New York State Lunatic Asylum, has now reached its fourth number. We believe this to be the first effort of this character. Papers have been issued from other similar institutions, but they have consisted chiefly in extracts from other sources, while the above paper is entirely original. A large proportion of the inmates of every institution are greatly benefitted by the exercise of their intellectual faculties,—which this enterprise supplies,—in the production of matter for its columns, and, more remotely, by the pleasure and general information derived from exchanges, and prospectively from the ultimate end,—the purchase of a library by the profits of the publication. The terms are, 50 cents a year, in advance.

